

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School SHS Today's Date 12/1122	-
Individuals/Group Involved Cheev Number of Students 12-16	_
Activity WIAA State Basketball	
Destination Tacoma, WA	
Departure Date 2/28/23 Return Date 3/4/23	
Accommodations:	
Source of Revenue: Athletics	
Fundraising Activities	
Individual Student Cost Total Group Cost_\$\(\sigma\)	0_
How was this activity/trip available to any interested and/or eligible student(s) Open two	jout
How was this trip promoted to all interested/eligible students? <u>news (effect)</u> TV	s, etc.
Will any student(s) be excluded from this trip due to the inability to pay?	
Insurance (special coverages)	
Purpose of Trip (include the educational value) Cheer Squad to Support basketball and promote Spirit at with State Tournament.	
Has this trip been previously taken? If yes, when? 1022	
List of chaperones and students MUST be attached to this form. (Chaperones must be of each if students of each gender are attending.)	gender
 Additional information needed: Insurance coverage to be arranged through the insurance office. Parent permission and medical authorization forms go to the principal. All district employees need to submit a travel request form. Notify the school nurse. Signature of Initiator Signature of Building Principal	
For Administration Use Only: **Board approval feeded. Will be submitted on	05/2022