



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

School SHS Today's Date 12/12/23
 Individuals/Group Involved GIRLS WRESTLING Number of Students TBD < 20 (BUDGET FOR 8)
 Activity GIRLS WRESTLING STATE CHAMPIONSHIPS
 Destination TACOMA DOME
 Departure Date FEB. 15th Return Date FEB. 17th
 Accommodations: COMFORT INN + SUITES
 Source of Revenue: ATHLETICS - GENERAL
 Fundraising Activities N/A
 Individual Student Cost 0 Total Group Cost 2307.04
 How was this activity/trip available to any interested and/or eligible student(s) OPEN TRYOUT
 How was this trip promoted to all interested/eligible students? ONLINE, ANNOUNCEMENTS, ETC.
 Will any student(s) be excluded from this trip due to the inability to pay? NO
 Insurance (special coverages) N/A
 Purpose of Trip (include the educational value) GIRLS WRESTLING TO COMPETE IN STATE CHAMPIONSHIPS

Has this trip been previously taken? YES ~~UNKNOWN~~ If yes, when? 2023

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)

1. Additional information needed: _____
2. Insurance coverage to be arranged through the insurance office.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.

Lisa Poland
Signature of Initiator

[Signature]
Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
 Approved _____

Superintendent or Designee Signature _____ Date _____