

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

School SHS	Today's Date 4/10/23
	Number of Students 5
Activity WIAA State Tournament	
Destination Olympia, WA	
Departure Date 5/21/23 Return Date 5/24/23	
Accommodations: Best Western + Lacey	
Source of Revenue: Athletic, gen	ı.
Fundraising Activities $n/a$	
Individual Student Cost	Total Group Cost
How was this activity/trip available to any interested and/or eligible student(s) Iryouts	
How was this trip promoted to all interested/eligible students?	website, Smore etc.
Will any student(s) be excluded from this trip due to the inabili	
Insurance (special coverages) $n / a$	
Purpose of Trip (include the educational value) boys froff to Complete & WIAH State Competition.	
complete @ WIAM Stat	e competition.
	l .
Has this trip been previously taken? Yes If yes, when	2 2022
List of chaperones and students MUST be attached to this	
if students of each gender are attending.)	
<ol> <li>Additional information needed:</li> <li>Insurance coverage to be arranged through the insurance office.</li> </ol>	
3. Parent permission and medical authorization forms go to the principal.	
<ul><li>4. All district employees need to submit a travel request form.</li><li>5. Notify the school nurse.</li></ul>	
You M	A Nolon
Sign Suitinton	nature of Building Principal)
Signature of Initiator Sign	nature of Sumaning Consequence
For Administration Use Only:	
Board approval needed. Will be submitted on _5/2Approved	
Superintendent or Designee Signature	Date