



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

School SHS Today's Date 12/12/23
 Individuals/Group Involved BOYS SWIM Number of Students TBD < 10
 Activity BOYS SWIMMING STATE CHAMPIONSHIPS
 Destination KING COUNTY AQUATIC CTR Federal Way, WA
 Departure Date FEB. 14th 8³⁰ 15th Return Date FEB. 17th
 Accommodations: COMFORT INN & SUITES
 Source of Revenue: ATHLETICS-GENERAL
 Fundraising Activities N/A
 Individual Student Cost Ø Total Group Cost \$ 2204.04
 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) BOYS SWIM TO COMPETE IN STATE CHAMPIONSHIPS

Has this trip been previously taken? yes ~~UNKNOWN~~ If yes, when? 2022

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.

[Signature]
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