



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

School SHS Today's Date 4/10/23

Individuals/Group Involved Baseball Number of Students 20

Activity WIAA State Tournament

Destination tbd (based on seeding)

Departure Date 5/19/23 Return Date 5/20/23

Accommodations: tbd

Source of Revenue: Athletic, gen.

Fundraising Activities n/a

Individual Student Cost 0 Total Group Cost 3,882-

How was this activity/trip available to any interested and/or eligible student(s) Tryouts

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 inability to pay? NO

Insurance (special coverages) n/a

Purpose of Trip (include the educational value) Baseball team to compete @ WIAA State Competition.

Has this trip been previously taken? Yes 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 5/2
Approved _____

Superintendent or Designee Signature _____

Date _____