



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

School SHS Today's Date 4/10/23

Individuals/Group Involved Softball Number of Students 16

Activity WIAA State Tournament

Destination Lacey, WA

Departure Date 5/25/23 Return Date 5/27/23

Accommodations: Pending qualification

Source of Revenue: Athletic, gen

Fundraising Activities n/a

Individual Student Cost 0 Total Group Cost 4313-

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) Fastpitch Softball team to compete @ WIAA State competition.

Has this trip been previously taken? Yes If yes, when? 2010

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