

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

School SHS	Today's Date 4/	10/23
Individuals/Group Involved Girls Golf	Number of Students	5
Activity WIAA State Tourn	•	
Destination Lacey WA		
Departure Date 5/22/13	Return Date 5/24/	13
Accommodations: B-est Wes	<u> </u>	<u> </u>
Source of Revenue: Athletic,		U
Fundraising Activities	0	
Individual Student Cost	Total Group Cost	3,245-
How was this activity/trip available to any interested and How was this trip promoted to all interested/eligible stud	ents? website, Sw	vore etc.
Will any student(s) be excluded from this trip due to the		
Insurance (special coverages) n/9		
Purpose of Trip (include the educational value)	IVIS GOLF +	0
Compete C WIAA S	tate compe	tition.
Has this trip been previously taken? If yes,	when? 1022	
List of chaperones and students MUST be attached to		t be of each gender
if students of each gender are attending.)		
1. Additional information needed:	E.o.	
 Insurance coverage to be arranged through the insurance of Parent permission and medical authorization forms go to the 		
4. All district employees need to submit a travel request form.5. Notify the school nurse.		
3. Notify the school horse.	MA NOT	70
ZCYVIA	The Kel 12	
Signature of Initiator	Signature of Building Principal	
For Administration Use Only:		
Board approval needed. Will be submitted on 5/2 Approved		
Superintendent or Designee Signature	Date	