



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

School GHS Today's Date 10/9/23
 Individuals/Group Involved Athletics Number of Students TBD
 Activity STATE TOURNAMENT - GIRLS SWIM
 Destination Federal way
 Departure Date 11/9/23 Return Date 11/11/23
 Accommodations: TBD
 Source of Revenue: Athletics-General
 Fundraising Activities N/A
 Individual Student Cost 0 Total Group Cost approx \$2778⁰⁰
 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) Girls ~~volleyball~~ swim to compete in WAA State Tournament

Has this trip been previously taken? yes If yes, when? 2019

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.

Diana Poland _____
 Signature of Initiator Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
Approved

Superintendent or Designee Signature _____ Date _____