

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

school Stanuard High	Today's Date 10/9/23
Individuals/Group Involved AtMetros	Number of Students
Activity WIAA State TOWN->	<u>(C</u>
Destination RISSO WA	
Departure Date 11/2/25	Return Date 11/4/23
Accommodations: TONFIELD INN	
Source of Revenue: AWNETICS, Gent	era
Fundraising Activities NA	
Individual Student Cost 💯	Total Group Cost UNIVOX TO 2493.0
How was this activity/trip available to any interested and/or eligible student(s)	
How was this trip promoted to all interested/eligible	e students? ON Me, annuncements, etc
Will any student(s) be excluded from this trip due to	o the inability to pay?
Insurance (special coverages)	
Purpose of Trip (include the educational value)	noss Country to compete
Has this trip been previously taken? U25 If	2022
()	
if students of each gender are attending.)	ed to this form. (Chaperones must be of each gender
 Additional information needed: Insurance coverage to be arranged through the insuran Parent permission and medical authorization forms go All district employees need to submit a travel request Notify the school nurse. 	to the principal.
Olisa Moland	III MAN
Signature of Initiator	Signature of Building Principal
For Administration Use Only:	
Board approval needed. Will be submitted onApproved	
Superintendent or Designee Signature	Date