



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

School SHS Today's Date 10/9/23  
 Individuals/Group Involved Athletics Number of Students 24  
 Activity STATE TOURNAMENT - GIRLS SOCCER  
 Destination POYALUP, WA  
 Departure Date 11/16/23 Return Date 11/18/23  
 Accommodations: TBD Depending on qualification  
 Source of Revenue: Athletics - General  
 Fundraising Activities N/A  
 Individual Student Cost 0 Total Group Cost approx \$6032.00  
 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 Soccer to compete in WAA State tournament

Has this trip been previously taken? yes If yes, when? 2018

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.

Asia Poland  
Signature of Initiator

[Signature]  
Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on \_\_\_\_\_  
Approved

Superintendent or Designee Signature

Date