SOUTH GIBSON SCHOOL CORPORATION 1

OVERNIGHT TRIP APPLICATION FORM

FFA State Soils Judging Contest

A. S	PONSOR(S) SECTION (Use "NA" for questions not applicable)
A-1.	Sponsor(s) Mr. Ritter
	Group(s) attending: FFA
A-3.	Date you filed this application: 8 - 16 - 2011
A-4.	Date of departure: 10 -29 -2011 Date of return: 10 -29 - 2011
A-5.	Total number of school days to be absent: /
A-6.	What is the educational purpose of this trip?
	To compete in the state soil evaluation career development
	What is the educational purpose of this trip? To compete in the state soil evaluation canon development event. Also to practice at the sites provided Friday 10-28 affore the contest.
b	afore the contest.
-	
A-7. expla	WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And in? Students will have qualified by winning the area contest.
Δ_8	Approximate total of students attending: 8 - /2
A-9.	
	Estimated numbers in each grade attending: K 1 2 3 4 5 6 7 8 9 10 Z 11 4 12 6
A-10	. Approximate number of chaperones supervising: _/_
A-11	. Name of person(s) having Single Point Accountability (SPA) for all the "Consent
	for Medical Treatment Forms" of students, sponsors, and chaperones. Note: A
	duplicate set of medical forms must be delivered to the Central Office at or
	before departure.
A-12	. What mode of transportation are you using to get to your destination?
A 42	Minibus
A-13	. Which particular funds (accounts) and fundraisers are being used to fund this
	trip? Fund name FFA Fundraisers AII
	runuraisers 777
Δ-14	Estimate or range the total cost of the trip \$\frac{1500}{2000}
	Estimate or range the total cost to each student \$ 30.00
	Estimate or range the total cost to each chaperone \$ 38.00
	The state of the s
A-15	. Are students and chaperones using any personal money for transportation and
	tickets for this trip? Yesor No If Yes answer the following.
	Approximate or range of cost to the student \$
	Approximate or range of cost to the chaperone \$

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- A-16. ATTACH AND SUBMIT A complete itinerary shall be attached to this form listing all events and times along with hotel names and methods of supervision. Be as complete as possible.
- A-17. ATTACH AND SUBMIT The transportation company phone number, fax number, a copy of their liability insurance certificate (limits of liability), and any other pertinent information related to the experience and integrity of this company.
- A-18. AT DEPARTURE, SUBMIT AN ACCURATE LIST OF ALL STUDENTS AND CHAPERONES ALONG WITH MAJOR CHANGES TO THE ITINERARY TO THE AFFECTED PRINCIPAL. Break down the list of chaperones into teachers, parents, college students, and other helpers. The principal will fax to the Central Office the exact list of the group departing along with the updated itinerary.
- A-19. REMINDER: It is mandatory to fill out and return page number #4 of this form to the affected principal within one week upon returning unless extra time is needed and granted by the affected principal.
- A-20 NOTICE: If dates or places should change after this trip is approved, this entire form must be resubmitted with changes for approval by the board.

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

GRO	OUP(S) ATTENDING FFA	SPONSOR R. Ritter				
	110,253 1.3					
	PRINCIPAL SECTION:					
B-1.	. Date form received: 8 - 16 - 20//					
B-2.	 Have all affected teachers of participating studer requirements for makeup work been approved. 	nts been notified and student Yes No				
B-3.	 In comments section record any previous trip concerns with an affected individual, group, or sponsor. 					
B-4.	If Yes, fill in the necessary information. Sub name and class:					
B-5,	Som Red 8/16/2041	4				
	Approved by: Name and Date	Denied by: Name and date				
B-6.	. Comments:					
	* * * * * * * * * * * * * * * * * * * *					
C. S	SUPERINTENDENT SECTION:					
C-1.	. Date form received:	*				
	The state of the s					
C-2.						
	31 • • • • • • • • • • • • • • • • • • •	Denied by: Name and Date				
C-3.	. Comments:	- 1, x a 2 4 4				
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SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT	TRIP	APPL	ICATION	FORM
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SPONSOR
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injuries, or discipline during this trip.
ool property during this trip.
Se - 12 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
ed changes to this form (other info):
3
Date
Date

REMINDER: Fax copies of this page #4 back to the principal and sponsor.

State Soil Judging Itinerary

Northern Indiana—location TBA

Thursday, October 27, 2011

3:30 pm depart from Gibson Southern

Friday, October 28, 2011

8:00 am	depart form hotel
9:00-4:00	judge practice sites, study local topography and geological features
6:00	dinner
7:00	practice scorecards

Saturday, October 29, 2011

8:00 am	registration for state contest
9:00	board busses for contest site
12:00	lunch
2:00	awards presentation
9:00 pm	arrive at Gibson Southern

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