

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)

A-1. Sponsor(s) Jeni Gray, Amanda Stilwell

A-2. Group(s) attending: ___Varsity Volleyball Team

A-3. Date you filed this application: 5/9/2023

A-4. Date of departure: 7/20/23 Date of return: 7/22/23

A-5. Total number of **school** days to be absent: 0

A-6. What is the educational purpose of this trip?

-Individual Volleyball SKills, Team Offensive/Defensive Systems and Coaches Clinic

A-6-1. Where will the group be traveling to? Where is the location of the event?

-The Academy Volleyball Club, 6635 E 30th St. Suite B, Indianapolis, Indiana 46219

A-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain? Team Competition and Skill improvement

A-8. Approximate total of students attending: 14

A-9. Estimated numbers in each grade attending: 9-2 10-2 11-5 12-5

A-10. Approximate number of chaperones supervising: -3 Two coaches (Jeni Gray, Amanda Stilwell) 1 Volunteer coach (John Gray) possibly JV coach Jared Huey

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.**

___Jeni Gray, Amanda Stilwell

A-12. What mode of transportation are you using to get to your destination? SG Mini Bus

A-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name -Volleyball Fund

Fundraisers -World's Finest Chocolate Fundraiser

A-14. Estimate or range the total cost of the trip \$3505

Estimate or range the total cost to each student \$0

Estimate or range the total cost to each chaperone \$330-total room cost each

A-15. Are students and chaperones using any personal money for transportation and tickets for this trip? Yes ___or No X_. If Yes answer the following.

Approximate or range of cost to the student \$ _____

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Approximate or range of cost to the chaperone \$ _____

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.

7/20/23

- 5:30 am Leave GSHS for Summer Showdown Camp/Tournament/Clinic
- 8:30 am Arrive at The Academy Volleyball Club Indianapolis, Indiana
- 9-11:30 am-Fundamentals
- 11:30-12:30 Eat Lunch (Sandwiches/Fruits/Snacks)
- 12:30-3 pm-Intro to Team Systems
- 3-4:30 Eat Dinner (Light dinner Sandwich/Fruit/Snack)
- 4:30-6:30 pm-Wash Drills/ Coaches Clinic
- 6:45 pm Leave Academy Volleyball Club for Tru by Hilton Indianapolis-Lawrence
- 7 pm Arrive at Tru by Hilton Indianapolis Lawrence Hotel Check In
- 7:15-8:30 pm Get settled in rooms and shower
- 8:30-10 pm Team Bonding and Pizza
- 10:00-10:15 pm Everyone back to rooms/Chaperones Confirm everyone is in the correct room and are accounted for.
- 10:30 pm Lights out

7/21/23

- 6:30 am meet in lobby for breakfast
- 7:30 am leave Tru hotel for Academy Volleyball Club
- 8- 11 am Implement Team Systems
- 11-12:30 pm Lunch (Sandwich/Fruit/Snacks)
- 12:30-3 pm Individual Skills
- 3-4:30 pm Dinner (Light dinner Sandwiches/Fruit/Snacks)
- 4:30-6:30 pm Wash Drills
- 6:45 pm Leave Academy Volleyball Club for Tru by Hilton Indianapolis-Lawrence
- 7 pm Arrive at Tru by Hilton Indianapolis Lawrence
- 7:15-8:30 pm shower
- 8:30-10 pm Team Bonding and Food
- 10-10:15 pm Everyone back to rooms/Chaperones Confirm everyone is in the correct room and are accounted for.
- 10:30 pm Lights out

7/22/23

- 6:30 am meet in lobby for breakfast
- 7:20 am leave Tru hotel for Academy Volleyball Club
- 8 am The High School Summer Showdown Tournament Begins
Parents are welcome to come and watch
- 3-5 pm approx. Leave Academy Volleyball Club for Gibson Southern High School

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- 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.

GROUP(S) ATTENDING _____ **SPONSOR** _____

B. PRINCIPAL SECTION:

B-1. Date form received: 5 10 23

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B-2. Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes ____ No ____

B-3. In comments section record any previous trip concerns with an affected individual, group, or sponsor.

B-4. Are substitute teachers available for affected classes? Yes ____ No ____.
 If Yes, fill in the necessary information.

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

B-5. MA 5/10/23
 Approved by: Name and Date Denied by: Name and date

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: ____ ____ ____

C-2. _____
 Approved by: Name and Date Denied by: Name and Date

C-3. Comments:

GROUP(S) ATTENDING _____ **SPONSOR** _____

A. AFTER RETURNING FROM YOUR TRIP SPONSOR FILLS OUT THIS SECTION: