

**SOUTH GIBSON SCHOOL CORPORATION**  
**OVERNIGHT TRIP APPLICATION FORM**

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

A-1. Sponsor(s) \_\_\_\_\_

A-2. Group(s) attending: Gibson Southern Softball

A-3. Date you filed this application: 2 28 2024

A-4. Date of departure: 3 25 2024 Date of return: 3 27 2024

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

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

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

Murfreesboro, TN

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

Competition - Softball tournament

A-8. Approximate total of students attending: 18

A-9. Estimated numbers in each grade attending: K \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 5 10 5 11 5 12 4

A-10. Approximate number of chaperones supervising: 7

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.**

Gary May

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

Mini Bus

A-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name Softball + Athletic Accounts  
Fundraisers \_\_\_\_\_

A-14. Estimate or range the total cost of the trip \$ 2000 - 2500

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

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

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

Approximate or range of cost to the student \$ N/A

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Approximate or range of cost to the chaperone \$   - 0 -  

- 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.

**GROUP(S) ATTENDING**

**SPONSOR**

03/25/2024 – Monday

Leave GS for Murfreesboro  
Games at 1:00 pm & 3:00 pm

03/26/2024 – Tuesday

Games at 6:00 pm & 8:00 pm

03/27/2024 – Wednesday

Game at 10:00 am  
Leave Murfreesboro for GS

Hotel: La Quinta Inn & Suites  
2537 Highwood Blvd  
Smyrna, TN 37167  
1-615-220-8845