

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

1

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

A-1. Sponsor(s) _____

A-2. Group(s) attending: VARSITY SOFTBALL TEAM

A-3. Date you filed this application: 1 28 2025

A-4. Date of departure: 3 26 2025 Date of return: 3 29 2025

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?

PLAY 7 GAMES IN 4 DAYS

A-8. Approximate total of students attending: 20

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

A-10. Approximate number of chaperones supervising: 6

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 BUJET

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

Fundraisers N/A

A-14. Estimate or range the total cost of the trip \$ 2000 - 3000
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

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

2

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 SOFTBALL

SPONSOR GARY MAY