

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) Mark Rohrer
- A-2. Group(s) attending: Varsity Boys Basketball
- A-3. Date you filed this application: 5 13 2026
- A-4. Date of departure: 6 26 2026 Date of return: 6 27 2026
- A-5. Total number of **school** days to be absent: 0
- A-6. What is the educational purpose of this trip?
IBCA Basketball Shootout in Indy - College Recruiting opportunity

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

Indy

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

200+ Indiana HS teams participating

A-8. Approximate total of students attending: 12

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

A-10. Approximate number of chaperones supervising: 2

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.**

Mark Rohrer

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 Basketball Boosters

Fundraisers Sponsorship Banner

A-14. Estimate or range the total cost of the trip \$ N/A
Estimate or range the total cost to each student \$ N/A
Estimate or range the total cost to each chaperone \$ N/A

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.

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Approximate or range of cost to the student \$ _____
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.
- 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 Boys Basketball **SPONSOR** Mark Rohre

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B. PRINCIPAL SECTION:

B-1. Date form received: 5 13 25

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

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. *[Signature]* 5-13-25
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:
