

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

| School Stanwood High School | Today's Date 8/29/2023 |
|---|--|
| Individuals/Group Involved_FFA | Number of Students 10 |
| Activity_FFA NAtional Competition | |
| Destination Indianapolis | |
| Departure Date October 29, 2023 | Return Date November 4, 2023 |
| Accommodations: Hilton Garden Inn Indiana | polis Downtown |
| Source of Revenue: CTE, FFA ASB | |
| Fundraising Activities Prime Rib Dinner and I | Food Booth |
| Individual Student Cost 1500 | Total Group Cost \$19,000.00 |
| Individual Student Cost | ed and/or eligible student(s) all kids have opar- |
| How was this twin promoted to all interested/eligible | le students? the students that won were. |
| Will any student(s) be excluded from this trip due to the inability to pay? NO | |
| | |
| Purpose of Trip (include the educational value) to compete at the national level for FFA | |
| | |
| Has this trip been previously taken? yes | If yes, when? when we win / at every year |
| List of chaperones and students MUST be attactification if students of each gender are attending.) | hed to this form. (Chaperones must be of each gender |
| 1. Additional information needed: | |
| Insurance coverage to be arranged through the insura Parent permission and medical authorization forms g | o to the principal. |
| 4. All district employees need to submit a travel request | form. |
| 5. Notify the school flurse. | |
| VIMUL | |
| Signature of Initiator | Signature of Building Principal |
| V | |
| For Administration Use Only: | |
| Board approval needed. Will be submitted on | |
| Approved | |
| Superintendent or Designee Signature | Date |