Field Trip / Overnight Athletic Team Trip Pre-Approval Form



SUBMITTING FOR APPROVAL.	
Teacher/Coach/Advisor: Kectzen Meyer Cell Phone #: (727) 776-1492	,
In conjunction with (team/class/organization): The Still water Concert Und Symphony	
Educational/Trip Purpose: Letom in the World trides to leton Orch	es
Itinerary details must be attached Heritage Music 18th	-
Destination: Sandlego, A	
Destination Address/Phone: (Address, City, State) (Phone number)	
Departure from school Date: 3/35/26 Return to school Date: 3/09/26	
Depart from school Time: 3:15 PM Arrival to destination Time: 10 PM	
Departure from destination Time: MA Return to school Time: MA	
Number of: Students/Team Members: (Attach List) See Attached	_
Directors/Coaches: 2 Names: Ryon Jenson & low Kottzening o	<u></u>
Chaperones*: 10 Names: TBD with Background check	
* All chaperones must have a completed and approved oriminal background check.	
Mode of Travel (see back for more info): Plane (TBD)	
TR D	
Lodging Information (if overnight): (Hotel Name Address City State) (Phone number)	en Karri
(Hotel Name, Address, City, State) (Phone number) (Phone number) (Phone number)	1
(Hotel Name, Address, City, State) (Phone number) (Phone number) (Date and manner in which information provided)	(1)
(Hotel Name, Address, City, State) (Phone number) (Phone number) (Phone number)	1
(Date and manner in which information provided) Estimated Cost \$ (Hotel Name, Address, City, State) (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided)	1
Safety/Security Plans Reviewed (Date and manner in which information provided) Total Cost \$ 1989/Student	100
Safety/Security Plans Reviewed (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided)	(()
Safety/Security Plans Reviewed (Date and manner in which information provided)	(V
Safety/Security Plans Reviewed Characteristic Plans Review	
Chotel Name, Address, City, State) (Date and manner in which information provided)	e
Estimated Cost \$ Transportation \$ Housing Fees \$ Supplies \$ (other) Teacher/Coach Signature: Description & Chemical Policy & Rules Reviewed (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided) Total Cost \$ Student Cost \$ Finding Source (i.e. grant, prof. dev., etc.): (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided)	e
Chotel Name, Address, City, State) Chotel Na	e
Estimated Cost \$ Transportation \$ Housing Fees \$ Supplies \$ (other) Teacher/Coach Signature: Description & Chemical Policy & Rules Reviewed (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided) Total Cost \$ Student Cost \$ Finding Source (i.e. grant, prof. dev., etc.): (Date and manner in which information provided) (Date and manner in which information provided) (Date and manner in which information provided)	e
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