

OVERNIGHT FIELD TRIP REQUEST FORM

This form must be completed AND approved at both the Education Committee Meeting AND the Regular School Board Meeting PRIOR TO the date of the trip. Contact the Assistant Superintendent's Office to verify meeting dates.

INSTRUCTIONS:

1. Originator - Complete by typing directly on form. Print form. Forward to Building Principal for approval.
2. Building Principal - Approve and forward to the Assistant Superintendent's Office for approval and inclusion on the Education Committee and School Board Meeting agendas.
3. Once Request has been approved at the School Board Meeting, a copy will be returned to the Originator.

Requested by: Rudy Seneca
Group: Plum Fastpitch Softball **School:** Plum Sr High School
Destination: Orlando, FL (Disney World)

Purpose: Tournament
Adult Supervisors/Sponsors: Jim McGrath, Phil DiLonardo, Jen Cardinale, Kate Cliber -coaches

Person(s) Responsible for Activity: Jim McGrath, Phil DiLonardo, Jen Cardinale, Kate Cliber -coaches

Departure Date: 19-Mar-14 **Time:** 4:00pm
Return Date: 23-Mar **Time:** tbd

Number of Students Participating: 20
Number of Students NOT Participating: tbd
Number of Days Absent from School: 3

Have any of the participating students been on other approved trips throughout the year?
Unknown at this time

Cost of Trip (Per Person): estimated \$1300 pp
Student's Actual Cost: after fundraising - balance due

How will money be raised to pay for the trip:
Multiple Fund raisers: School Dances, raffles, parent contribution

Please give a full explanation of the type of insurance coverage the student will have while participating in this activity. If there is no provision for insurance, all students participating must have their parent/guardian sign an insurance waiver form.
Parents will sign waiver

Method of Travel & Name of Commercial Agency:
Commercial flights, KSA Sports Agency

Housing (Reservation, Address, Dates):
Carribbean Beach Resort, Walt Disney World, March 19 - 23rd, 2014

 6/28/13 **Date approved by Education Committee:** _____
Principal's Signature **Date** **Date approved by School Board:** _____

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Requested by: Carl Vollmer

Group: Plum Varsity Baseball **School:** High School

Destination: St Petersburg Fla

Purpose: Enhanced training, exposure and competetion in a more conducive facility and environment

Adult Supervisors/Sponsors: Carl Vollmer
Larry Wayman

Person(s) Responsible for Activity: Plum Baseball Boosters

Departure Date: 26-Mar **Time:** 5:00 PM

Return Date: March 30th **Time:** 11:00 PM

Number of Students Participating: 19

Number of Students NOT Participating: 0

Number of Days Absent from School: 2

Have any of the participating students been on other approved trips throughout the year?

No

Cost of Trip (Per Person): 1000

Student's Actual Cost: 400

How will money be raised to pay for the trip:

Booster fundraisers, clothing sales, ticket sales, Hit a thon

Please give a full explanation of the type of insurance coverage the student will have while participating in this activity. If there is no provision for insurance, all students participating must have their parent/guardian sign an insurance waiver form.

Supplimental insurance supplied by Tampa Bay spring training

Method of Travel & Name of Commercial Agency:

Air Travel Southwest TBD

Housing (Reservation, Address, Dates):

Sunset Vistas 12000 Gulf Blvd


Principal's Signature

7/16/13
Date

Date approved by Education Committee: _____
Date approved by School Board: _____

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Requested by: Lisa Rodgers
Group: 6th grade class School: Adlai/AS@P
Destination: Washington D.C.

Purpose: Tour U.S. capital as culminating event after D.C. unit of study

Adult Supervisors/Sponsors: Lisa Rodgers
Bruce Shafer

Person(s) Responsible for Activity: Lisa Rodgers
Bruce Shafer

Departure Date: 15-May-14 Time: 11:30 a.m.
Return Date: 18-May-14 Time: 6:00 p.m.

Number of Students Participating: 55
Number of Students NOT Participating: 3
Number of Days Absent from School: 1

Have any of the participating students been on other approved trips throughout the year?
No.

Cost of Trip (Per Person): \$507
Student's Actual Cost: \$507

How will money be raised to pay for the trip:
Money will be raised by a series of fundraising events throughout the school year. Parents are not forced to participate in fundraising and may pay out-of-pocket.

Please give a full explanation of the type of insurance coverage the student will have while participating in this activity. If there is no provision for insurance, all students participating must have their parent/guardian sign an insurance waiver form.
Scholastica Travel provides \$5,000 Emergency Accident, \$1,000 Life, and \$250 Emergency Dental

Method of Travel & Name of Commercial Agency:
Central Cab Company will provide and drive 2 motor coach passenger vehicle busses

Housing (Reservation, Address, Dates):
Hampton Inn 9421 Largo Drive West Largo, MD Phone: 301-499-4600


Principal's Signature

7/18/13
Date

Date approved by Education Committee: _____
Date approved by School Board: _____