CATEGORY 3 - WIAA SPONSORED FIELD TRIP/ACTIVITY APPLICATION

Due at least 7 days prior to departure

This form is to be submitted to the appropriate Executive Director of Education/CTE Director at least seven (7) days prior to a WIAA sponsored field trip for approval.

_____	_____	_____
School	***Destination***	***Number of students***
_____	_____	_____
Sport	***Staff Member in Charge***	***Number of school days affected***

Purpose of the trip (i.e. Playoffs, etc.) _____

Date of Departure _____ Time of Departure _____**Date of Return** _____ Time of Return_____

Chaperones (# of adult chaperones):

Teachers _____ Parents_____ Other Staff _____

Date parents notified of trip _____

Transportation (check one) School Bus ___ Charter Bus ___ Van ___ *Train ___ * Air ___ **Parents ___

*If by air or train, please state the carrier and flight/departure information:

Carrier _____Flight/Departure_____

**If Parents are selected, an explanation is required: _____

Accommodations:

Hotel Name _____ Address_____

Phone Number_____ Verified ADA Approved? Yes NO

Arrangements for meals _____

FINANCIAL PLAN – Column A must Equal Column B – Total costs not individual

Expenses		*Source of Funds*	
Registration	_____	ASB	_____
Transportation	_____	Donations	_____
Housing	_____	District	_____
Meals	_____	Fundraisers	_____
Substitutes	_____	Students	_____
Insurance	_____	Other	_____
Other	_____		
Total	_____	**Total**	_____

The following information MUST be attached to this application. Applications missing this information will not be considered.

- **A detailed itinerary with all hours accounted for during the trip including curfews**
- **Final list of student names/grades participating**
- **Final list of chaperones/phone numbers participating on trip**
- **If rental vehicle is being used, details must be arranged through Purchasing.**
- **Any use of watercraft must be noted and approved; no swimming, hot tub or spa allowed on field trips unless a certified lifeguard employed by the venue is on duty.**

Staff Completing Application	_____	Date	_____
Principal	_____	Date	_____
Bookkeeper	_____	Date	_____
Athletic Director	_____	Date	_____
Executive Director	_____	Date	_____
CTE Director	_____	Date	_____
Risk Manager	_____	Date	_____