

EOBC
4-12

PROPOSAL FOR OVERNIGHT TRIPS

Type of Trip: Overnight GBB

Departure Date: June 28 - ~~29~~ Return Date: July 1

Proposer: Brian Miller Position: Head coach

Response Date Needed: _____ Date Proposed: 4/9/13

School Days Missed (list dates): Ø

Destination: Eastern Ohio BB Camp Sherrodsville, Ohio

Lodging (contact numbers): Camp 740 965 2844 Larry Higgins
614 264 4105 cell

Number of Coaches Attending: 4

Number of Chaperones Attending: 1

Meals: Included

Transportation: Parents drive

Total Costs: 210.00

Cost per Student: 210.00

Source of Funds: Athletes / Parents

How will Funds be Collected and Deposited?: Pay to camp direct


Provision made for Students Financially unable to pay?: _____
Contact coach Miller



Attach Student Name & Contact Number Form
(use additional page if needed)

*Will be determined
by who attends*

Attach Coach & Chaperone Form

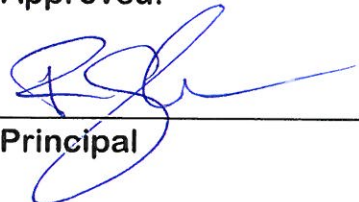


Signature of Requestor

4/9/13

Date

Approved:



Principal

4.11.13

Date


Superintendent

Date

Board of Education

Date

CHECK LIST FOR OVERNIGHT / ATHLETIC TRIPS

- _____1) **Approved Overnight / Athletic Trip Form**
 - _____2) **Student / Coach & Chaperone Contact Forms**
 - _____3) **Properly Certified Driver (Driver's License & Insurance Card)**
 - _____4) **Safe Vehicle**
 - _____5) **Parental Consent Forms**
 - _____6) **Emergency Medical Release Forms**
 - _____7) **List of Students to Whom Medication will be Administered
with Proper Instructions**
 - _____8) **All Required Medicine for Students on List**
 - _____9) **First Aid Supplies**
 - _____10) **Equipment**
 - _____11) **Food & Water (if needed)**
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**COACH & CHAPERONE
CONTACT INFORMATION FORM**

List all Coaches & Chaperones attending event and
Number(s) where they can be reached

NAME:

NUMBER(S):

Brian Miller

4756827

Randy Forst

612 6995

Tracy Furst

603 7124

Jackie Moberg

338 9065

Paul Howe

858 4058

Whissy Robinson

697 3533