

# 26920 Pioneer Highway, Stanwood, WA 98292-9548 360-629-1200

www.stanwood.wednet.edu

### **MEMORANDUM**

**TO:** Board of Directors

**DATE:** January 7, 2020

FROM: Jean Shumate

**RE:** Stanwood High School Girls Wrestling Tournament

**TYPE:** Action Required

The Stanwood High School Girls Wrestling Team (10 students) request permission to participate in the Wrestling Tournament to be held at Kelso High School in Kelso, Washington, January 10 through 11, 2020.

Upon approval by the Board, 10 students would have the opportunity to attend the tournament and team building event. Fees have been subsidized by the Booster Club and ASB.

#### **RECOMMENDATION:**

That the Board approves the Stanwood High School Girls Wrestling Tournament Field Trip to be held at Kelso High School in Kelso, Washington, January 10 through 11, 2020.

## RECEIVED

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Instruction
STANWOOD-CAMANO
SCHOOL DISTRICT

## Stanwood Camano

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

| School Stanwood High School Foday's Date 1/14/19   |
|--|
| ndividuals/Group Involved Girls Wrestling Number of Students 10  |
| Activity Wrestling Tournament  |
| Destination Kelso High School  |
| Departure Date Jan 10, 2020 Return Date Jan 11, 2020   |
| Accommodations: Best Western 310 Long Avenue Kelso, WA 9862  |
| Source of Revenue: Booster Club  |
| Fundraising Activities Beef Jewey  |
| Individual Student Cost Total Group Cost 1408.40   |
| Insurance (special coverages)  |
| Purpose of Trip (include educational value) Wrestling Townsment / Team Building  |
|  |
| Has this trip been previously taken? If yes, when?   |
| List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)                       |
| 1. Additional information needed:  |
| <ul><li>2. Insurance coverage to be arranged through the insurance office.</li><li>3. Parent permission and medical authorization forms go to principal.</li></ul> |
| 4. All district employees need to submit a travel request form.  5. Notify school nurse.   |
| 7117   |
| Signature of Initiator  Signature of Building Principal  |
| Signature of Initiator Signature of Building Principal   |
|  |
| For Administration Use Only:   |
| Board approval needed. Will be submitted on  |
| Superintendent or Designee Signature Date  |