



# Spooner Area School District

## ACTIVITY/SPORT OUT OF DISTRICT TRAVEL Due 30 Days Prior to Traveling

Employee Name:		Date Submitted:	
Activity/Sport:			

### Event Information

Event:		<b>Please register for your own event</b>	
Location:		Registration Fee:	\$
Dates:		Purchase Order:	#

Employees traveling on behalf of the district are required to follow the employment expectations when representing the district. Guidelines for conduct, attendance, dress code, records, etc. remain.

### Lodging (if destination is more than 120 miles from Spooner)

- Prior to submission, please contact the hotel and conference to ensure you are able to meet their COVID requirements.
- Once your hotel has been reserved, a confirmation email will be sent to you. Please submit a Purchase Order for the reservation using Cardmember Services as the vendor. Once the PO is approved email a copy to Sarah Hansen.

Hotel of choice:		Phone:	#
Check in/check out:	-	# of Rooms	Room block code:

Please list all staff & students requiring rooms:

Staff may need to share rooms with other staff and student may need to share with other students

### District Office Use Only

# of nights: _____	Rate per night: \$ _____	Total	\$
Confirmation:		Purchase Order:	#

### District Vehicle Reservation

If taking a bus, please make those arrangements with Badger Bus (715) 635-8811  
Most district vehicles transport 7 people.

Dates needed:	-	# of Passengers:		# of Vehicles:	
Vehicle 1 Driver:		Staff <input type="checkbox"/>	Vehicle 1 assigned:		
Vehicle 2 Driver:		Staff <input type="checkbox"/>	Vehicle 2 assigned:		

### Meal Allowance of \$30/day (for State Tournament with qualified athletes)

Staff/coaches:

- Gratuity is standard 15%. Meal limits are set, additions will not be reimbursed.
- For reimbursement, submit itemized meal receipts with an approved check request to Trish Vazquez, Bookkeeper within 30 days of travel.

Qualifying Students:

- The Coach/Advisor must submit the next page with an approved check request 30 days before travel.

<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Supervisor/Athletic Director _____	_____
		Signature	Date
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	District Office _____	_____
		Signature	Date



# Spooner Area School District

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## STUDENT MEAL MONEY VERIFICATION

Due 30 Days Prior to Traveling

### Coach/Advisor Instructions:

- Reference Board Policy 8640 Transportation for Field and Other District-Sponsored Trips
- Only students that qualify for State Tournament are included in the meal allowance of \$30 per day.
- List printed names of each student that qualifies (column 1).
- Submit this form with an approved check request (pg 3), listing you as the recipient (to Trish Vazquez).
- A check will be issued to you for you to cash and distribute.
- Have students sign and date this form, verifying that they received their allotment of money (column 2).
- You will then submit the completed form, with student signatures (to Trish Vazquez).
- Be sure to travel with an Overnight Waiver Form (pg 4) for each student, signed by their parents, if traveling overnight with students.

Coach/Advisor: \_\_\_\_\_ Event: \_\_\_\_\_

Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

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(Column 1)

### Qualifying Students

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(Column 2)

### Student Signature & Date

*I verify that I have receive \$\_\_\_\_\_ for meals for the above event.*

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## Spoooner Area School District Check Request Form

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*THIS FORM MUST BE IN DISTRICT OFFICE WEDNESDAY FOR THURSDAY PROCESSING.*

**ATTACH ALL PERTINENT DOCUMENTATION, OR REQUEST WILL BE RETURNED.**

1. I am requesting a check in the amount of \$ \_\_\_\_\_ Date \_\_\_\_\_
  2. Payable to: \_\_\_\_\_
  3. Complete Address: \_\_\_\_\_
  4. Purpose in detail: \_\_\_\_\_
  5. Activity/District Account #: \_\_\_\_\_
  6. Date needed: \_\_\_\_\_
  7. Check to be: Given to: \_\_\_\_\_ Mailed to: \_\_\_\_\_
  8. Requester's Signature \_\_\_\_\_ Date: \_\_\_\_\_
  9. Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- #####
10. Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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# Spooner Area School District

801 County Highway A • Spooner, WI 54801 • 715-635-2171 • www.spooner.k12.wi.us

## OVERNIGHT FIELD TRIP PERMISSION AND WAIVER FORM

I, the parent/guardian of the student named below ("Student"), agree to the following in connection with Student's participation in the following trip being planned to

Location: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

Student has my permission and consent to participate in the above referenced event. I have been advised of and agree to the details of the trip, including its itinerary, transportation arrangements, supervision and costs.

In the event of an injury requiring medical attention, I authorize a supervising teacher (s) or staff, including volunteers to attend to Student. I specifically provide the authority for treatment of an injury by a qualified and licensed medical doctor for Student if, in the opinion of the attending physician, the injury may endanger the Student's life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after a reasonable effort has been made to reach me if time permits.

I hereby waive any damage and will hold the Spooner Area School District, its agents and employees, harmless from any damages or liabilities (including attorneys' fees and costs), including indemnification, arising whatsoever, in any action or proceeding brought by ourselves or on behalf of our child, based upon any and all acts and events occurring during the above referenced trip.

In the event that a student must return to the Spooner Area School District or otherwise leave the trip early independently for reasons of health, accident, failure to conform to rules established by the staff member in charge, etc., I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that my student and I understand and agree to the guidelines from the school for behavior at the event.

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*Parent or Guardian (Signature)*

\_\_\_\_\_  
*Date*

Parent or Guardian email address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please check this box if you plan to provide medical information.

Relevant allergy and required medication information is provided for Student.