

**LAKE UNION CONFERENCE**  
**Application For**

OUT OF DIVISION TRIP REQUEST (FG 05 40, Pgs. 302/3)

For General Conference Department of Education

*Name of Sponsoring Organization:* \_\_\_\_\_  
Name of school

*Approval of Governing Board/s:* \_\_\_\_\_  
School and Conference K-12 Board/s      Dates and # 's of Board actions

*Full Travel Itinerary:* \_\_\_\_\_  
Provide a complete itinerary of dates, time, and places of events on a separate sheet/s

*Name of Director/s:* \_\_\_\_\_

*List Church/s or Institutions Inviting you & Contact Person/s* \_\_\_\_\_  
Church entities

\_\_\_\_\_ *Contact person/s*

*List Insurance Companies*

*A. Personal Accident/Injury/Sickness For all Participants* \_\_\_\_\_  
Name of company and policy #'s

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*B. Administrators & Organization Liability Policy* \_\_\_\_\_  
Name of company and policy #'s

\_\_\_\_\_  
\_\_\_\_\_

*Number of Individuals Participating* \_\_\_\_\_  
(Place all potential persons on a name list on a separate sheet of paper)

**Deadline: November 10:**

**When return to sender, bold indicates insufficient support.**

**SAMPLE**

**LAKE UNION CONFERENCE**

**OUT OF DIVISION TRIP REQUEST**

For General Conference Department of Education

*Name of Sponsoring Organization:* Wisconsin Academy

*Approval of Governing Board/s:* Wisconsin Academy/Conference K-12 Board, 9/24/2001

*Full Travel Itinerary:* See Attached Sheet

*Name of Director/s:* John Thomas, Principal

*List of Church entities and Contact Person/s* See Attached Sheet

*List Insurance Companies*                      *Name and Policy #--* Church Mutual,0834072-02-011565

*A. Personal Accident/Injury/Sickness  
For all Participants*

1. Personal Health Plans from Risk Management for SDA Employees is full coverage. Other plans will need verification
2. Sponsors/Volunteers also may be on plan for Volunteers also located at NAD/GC
3. Student coverage must be encompassed in some form either by parents personal policy or group coverage.

*B. Administrators /Organization Volunteers (In Above Policy)  
Liability*

1. May be part of the liability coverage of the institution/conference if with GenCon Risk Management, otherwise one will need to read policy carefully and ask insurance company for confirmation of coverage.

*Number of Individuals Participating*                      30 Students & 18 Adults