

DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST- FORM 2

Form 1 must have been completed and approved before submitting Form 2
 Submit to Pnnicipal/Administrator and Superntendent's Office no less than two months
 prior to domestic travel and no less than 4 months prior to international travel

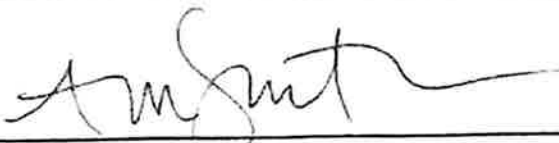
Staff Member Name and school. Amy Smith / Two Rivers HS
 Date of Trip/Destination/Who trip is for: August 28th / 29th Girl Soccer /
Varsity / Junior Varsity
 Did you complete FORM 1 for this trip and receive the required approval? yes

TOUR CHECKLIST	RESPONSE
1 Dates of travel	Friday Aug 28th / Sat. Aug 29th
2 Trip destination	Claguet / Duluth
3. SUBMIT: Complete roster of travelers Include a link to your roster in the response or attach a document Link to roster template <u>PARTICIPANT ROSTER</u>	Paste your copy of the roster template here do not override the link to the left
4. SUBMIT: Detailed Itinerary including hotel names, addresses and phone numbers Include a link or attach a document with these details in your response	Country Inn & Suites Duluth Claguet - Friday Duluth Friday evening → Sat Came on Marshall
5 Final number of student travelers	36
6 Final number of adult travelers who are paying their own way/fare.	3
7 Final number of adults travelers who are traveling with a free or reduced fare. [If any, include the amount by which their fare is reduced]	3
8 Final number of district employees (also include in #6 and #7 counts)	3
9 Ratio of adults to students	1-6
10. FINAL TOTAL of Number of Travelers (Adults and Students)	42
11 Have parents received detailed information about the cancellation policies and fees?	Yes
12 Is travel insurance through the tour company required OR optional for your travelers?	NO

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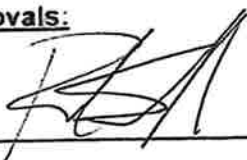
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13 Has the district completed background checks for <u>all</u> adults?	NO
14 Is this a private tour, or will you be traveling with students from other schools? If so, please include the full roster of the adjoining group	Private Tour
15 How will you communicate with travelers while on tour?	VIA TEAMSNAP, in person and through CAPTAIN'S
16 How will you communicate with families back home/not on tour?	through team snap
17 What is your plan for those requiring medication?	We will have the parents contact us to provide instructions on how to administer


Staff Member's/Group Leader's Signature

6/5/2024
Date

Required Approvals:

 AD
Principal Signature

6/15/26
Date


Superintendent Designee Signature

8/19/26
Date

School Board Approval

Date Approved

Once this form has been signed by your site administrator, submit it to the Superintendent for review and approval. It will then require School Board approval. Once approved, a signed copy will be returned to you for your records.