

**Walker-Hackensack-Akeley ISD #113**  
**Student Overnight Trip Preapproval Form**

All overnight trips must be preapproved by the School Board and Superintendent. Head coaches must submit an itinerary, expense request, and plan for supervision to the Activities Director at least one month in advance of the trip for regular season events or as soon as possible after section championships for teams reaching the state tournament/contest.

For overnight trips during the regular season, the district will cover normal bus transportation expenses. Additional costs including lodging, meals, coach bus upgrades, etc. will be the responsibility of the individual program's fundraising and/or booster club budgets.

When WHA teams qualify for the MSHSL state tournament, the district will cover normal school bus transportation, lodging, and meal expenses. All other expenses will be paid for by the individual program and/or its booster club.

**Program Name: Wrestling**

**Head Coach/Advisor Name: Colby Marich, Jesse Dennison, Dave Mcgee**

**Head Coach/Advisor Cell Number (in case contact is needed): 218-255-1330**

**Reason for Trip: Rumble on the Red wrestling tournament**

**Location of Trip (City, State): Fargo, ND**

**Dates of Trip: January 2-3, 2025**

**Day and Time of Departure: 4:30 AM on Jan. 2**

**Day and Estimated Time of Return: 8:00 PM on Jan. 3**

**Transportation Needed (check one):**

School Van  School Bus  Charter Bus (upgrade paid by program)

**Lodging Location and Phone Number:** Country Inn & Suites by Raddisson  
3316 13th Ave S Fargo, ND 58103  
218-234-0565

Expenses paid by program for regular season events. *At no time should students charge expenses to their room.*

**Description of plan for supervision of students throughout the trip:**

Coaches will do room checks at night and wake up call in morning. \_\_\_\_\_

This is the plan at the motel. We got there late last year and left early.

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***Please attach the following documentation to this form prior to submission to your department supervisor:***

- Event Itinerary**
  
- Transportation Request Form**
  
- Expense Request Forms (if necessary—see prior information on first page)**

**Advisor/Head Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date of School Board Approval** \_\_\_\_\_