DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST- FORM 2

Form 1 must have been completed and approved before submitting Form 2 Submit to Principal/Administrator and Superintendent'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: Bruce Carpenter- Two Rivers High School

Date of Trip/Destination/Who trip is for: July 23-24, 2025/. Eau Claire, WI/ Two Rivers 10th-12th Grade Football

Did you complete FORM 1 for this trip and receive the required approval? Yes

TOUR CHECKLIST	RESPONSE		
1. Dates of travel	July 23-24th (One night only)		
2. Trip destination	University of Wisconsin Eau Claire		
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: TOUR ROSTER	Complete roster will be shared at least 2 weeks prior to the event. Due to form 1 requesting that information not be shared about the trip until it is confirmed there is no confirmed roster at this time.		
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	Itinerary is attached		
5. Final number of student travelers	Estimated at 50		
6. Final number of adult travelers who are paying their own way/fare.	О		
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]	5- Their fare will be paid for by the Football Boosters Club		
8. Final number of district employees (also include in #6 and #7 counts)	Estimated all 5 chaperones/Coaches will be district employees		
9. Ratio of adults to students	10 to 1		
10. FINAL TOTAL of Number of Travelers (Adults and Students)	55		
11. Have parents received detailed information about the cancellation policies and fees?	Until we receive confirmation that the trip is a go we will not have these discussions, however, we anticipate full refunds if a student can't join us.		
12. Is travel insurance through the tour company required OR optional for your travelers?	This is an overnight team only football camp, not a tour, so no tour company		

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13. Has the district completed background checks for <u>all</u> adults?	If we do need a non-district person to join our group they will go through the required background check.		
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.	This camp will be our team only. No Tour groups.		
15. How will you communicate with travelers while on tour?	Group Messaging		
16. How will you communicate with families back home/not on tour?	Group Messaging		
17. What is your plan for those requiring medication?	Medications will be handled on a case by case basis with communication with parents and athletes.		
But Assignature Staff Member's/Group Leader's Signature	2/18/2025 Date		
Required Approvals: AP Principal Signature	2/18/25 Date		
£/			

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.

Date Approved

* Pending receipt of roster with details included in template.

Superintendent/Designee Signature

School Board Approval

DRAFT-DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST

FORM 1- <u>Site and district approval is required</u> before students/families are notified of the trip and before any funds are collected for the potential trip.

Part 1 - Approval to Plan & Recruit for an Extended Trip- COMPLETE IN FULL
Date of this request: 1/31/25 Your name and school: Bruce CARPENTER - Two Rivers
Your Email: bruce. Carpenter@isd 197.09 Your Phone Number: (815) 245-1886
Date Principal was notified of this trip:
Dates of Trip: 7/23/25 - 7/24/25 Date/Time Leaving: 10:00 AM Date/Time Returning: 2:00 PM
Destination(s): EAU CLAIRE WISCONSIN
Who is this trip for (subject and grade levels)?
Estimated number of students that will participate:
Estimated number of chaperones that will participate (all chaperons must undergo a background check):
*Chaperone names: Bruce Corpenter, STan Eskierka, Ton ORTH, Deach Klemme
WE WILL Secure 2-4 more before the Event. These 4 are coverely committed
What is your chaperone ratio: One Adult Chaperone for every students (minimum of 2 regardless of the number of students and at least 1 for every 10 students). *Chaperones are defined as adults (minimum age of 21) who accompany and oversee groups of students. At least half (and no less than 2) of the chaperones must be current School District 197 employees. (Exceptions can be made to this requirement by the Superintendent. Provide rationale.)
Form of Transportation: Bus Transportation Costs: \$\$1,326.00
(For liability purposes, all transportation must be provided by district transportation, contracted services, or public transportation. Private transportation is NOT allowed. Vehicle rentals are considered a contracted service. Allowable vehicles are specified and drivers must have a Type III license. Call the ISD 197 Transportation Department at 651-403-8320 for details.)
Lodging Name/Location: <u>UW Eaw Chaire Donitory</u> Lodging Costs: \$ 24.00 Per person, Per Night (For liability purposes, all lodging must be public accommodations hotel, public dormitory, etc. Exceptions may be requested and submitted to the Superintendent for consideration and possible approval.)
Cost per adult/chaperone: \$ 130 00 Costs covered by: Cost per student: \$ 130 00 Costs covered by: FAMILIES AND SUBSIDIZED BY FOOTball Booster
Sub costs, if any, paid by: Warrior Football Boosters TOTAL COST: \$ EST. \$3,000
Please list all current School District 197 employees who will accompany this trip:
Bruce Carpenter, Tom ORTH, Deacon Klemme
Provide a general description of the trip and include 1) the educational purpose/goal of this trip and 2) a summary of the agenda/itinerary (feel free to note and attach additional documentation):
FOOTball Team Camp to Focus on leadership development, skill Development and Team Bonding - General Outline ATTACHED

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If applicable,	Tour Company Name:						
	Tour Company Customer Service						
if applicable,	Tour Company Emergency Phone	#:					
Trip Leader e	xperience with educational travel a	as an adult (attach a	additional sheet if mo	ore space is needed):			
Year	Destination(s)	# of Student Travelers	Age Range of Travelers	Your Role (coordinator, adult/chaperone, parent)			
2004 - 2021	FOOTBALL TEAM Travel 6TO 9TRAPS PER YEAR	55-65	17-22 gra ob	Coach, Advisor, coordinal			
2012,2013	Senior Class trop to Disney	35	16-18 yes old	Coordinator, Advisor			
•	ader, I assure that						
I have	ck the boxes that apply below, re e not/will not communicate this pot the principal and superintendent.		_				
, .	follow the room assignment procededures document.	dures outlined in the	e Overnight Field Tri	p and Gender Inclusion			
When	the trip is communicated to famili	ies, communication	will include:				
0	 that the trip has received preliminary approval, but will not receive final approval until closer to the 						
0	of the trip that the trip may be canceled for a variety of reasons (insufficient chaperones, pandemic, destination						
	issues)						
0	3 Fr						
0			annant an district if	the trip is concelled			
	Any fees that will not be	_		·			
	Options for travel insuration (cancellation, etc.)	ance (including pole	ential areas the insu	rance won i cover			
	All the options for meet	ing the financial co	mmitments of the tri	o (family pays, fundraising			
	opportunities, etc.)			(12) [2.3.5, 12			
Bu	- GA-		1,	/31/2025			
Trip/Group Leader's Signature				Date			
Part 2 - Ap				1/31/25			
Principal Signatu	ure	>	Date	2/12/25			
Superintendent/I	Designee Signature		Date				

Once this form has been signed by your site administrator, submit it to the Superintendent for review and possible approval. Once approved, a signed copy will be returned to you. Then the trip leader may proceed with FORM 2 of this process.