



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Overnight Field Trip Request

Name of Organization Boys Basketball Date Submitted 11/18/25
Name of Advisor/Coach Brett Hespell
Destination Pekin, IL
Date of Trip 12/29/25-12/31/25
Qualified for Competition ☒ Invitation Annual Trip _____

Purpose of Trip: (Benefit to Students)

Pekin Insurance Holiday Tournament
Accepted an invitation to one of the premier holiday tournaments in Illinois last spring.

0 School days out of Class
15 Number of Students traveling Male 15 Female _____

Supervision:

(Staff members need professional leave form)

MCHS Staff (names): Brett Hespell Jason Boe
Reed Johnson

Type 75: _____ Y Name _____
☒ _____ N Reason why not necessary Not traveling out of state

Chaperones:

Name of Chaperone	Relationship to program (Volunteer/parent or other)	District CBI on file (Background Check Y or N)	Paying for trip: (P) Program (D) District (C) Chaperone



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Required Documentation to be attached with request: (✓) if completed or (n/a) if does not apply

✓ Professional Leave Form
✓ Blank Student Permission Form
_____ Copy of Driver's License
_____ Transportation Request
✓ List of Students
✓ Trip Itinerary / Agenda

District Transportation Required:

School Bus _____ Number required _____
Van ✓ _____ Number required 2
Driver 1. Jason Boe 2. Reed Johnson
(Copy of Driver's License Necessary) (Copy of Driver's License Necessary)

Van/Bus Schedule departure time and campus: ☒ Minooka Van/Bus ☐ Other _____

Date of Departure 12/29/25 Time of Departure TBA ☐ South or ☒ Central

Date of Return 12/31/25 Time of Return TBA ☐ South or ☒ Central

Departure Flight Information:

Date: _____ Airport: _____ Airline: _____
Flight number: _____ Scheduled departure: _____

Arrival Flight Information:

Date: _____ Airport: _____ Airline: _____
Flight number: _____ Scheduled arrival: _____

Lodging Information:

Hotel/Lodging Name: Hampton Inns & Suites
Address: 3445 Court St. Pekin, IL 61554
Phone: (309) 885-7005 Fax: _____

Confirmation Number: [REDACTED]

Name of Person Making Reservation: Brett Hespell



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Cost of Trip:

Itemized District Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			\$774.00
	Meal			
	Parking			
	Travel			
	Miles:			
	Driver round trip			
			Total	\$774.00

Itemized Organizational Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
6	Lodging	\$129.00+tax	2	\$774.00
162	Meals	10.00	3	\$1,620.00
	Registration			
	Parking			
	Travel			
			Total	\$2,394.00

Athletic Director's

Recommendation

Mark Winters

Approved



Not Approved

Date 11/18/25

Principal's

Recommendation

Jamie Selman

Approved



Not Approved

Date 11/20/25

Superintendent

Approval

[Signature]

Date:

11/24/25