

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.

Trip Leader/Staff Member Name: Jim Bruder

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	12/30/2025 - 01/01/2026
2. Trip destination	Birkie Trail, Cable, WI
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response. <i>Link to roster template: TOUR ROSTER</i>	<input checked="" type="checkbox"/> Tour Roster for Birkie Trail Trip 2025
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	<input checked="" type="checkbox"/> Itinerary for Birkie Trail Trip 2025
5. Final number of student travelers	20
6. Final number of adult travelers who are paying their own way/fare.	0
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 adult travelers who are traveling at a reduced fare (~\$100 reduction)
8. Final number of district employees (also include in #6 and #7 counts)	4
9. Ratio of adults to students	1 to 4
FINAL TOTAL of Number of Travelers (Adults and Students)	25
12. Have parents received detailed information about the cancellation policies and fees?	yes
13. Is travel insurance through the tour company required OR optional for your travelers?	optional

15. Has the district completed background checks for <u>all</u> adults?	yes
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16. 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
17. How will you communicate with travelers while on tour?	Phone (Remind)
18. How will you communicate with families back home/not on tour?	Email and Phone
19. What is your plan for those requiring medication?	Receive detailed medicine plans from parents and giving a coach that responsibility

JIM BRUDER

Member's/Group Leader's Signature Date _____ Staff

Required Approvals:

PRENTICE SMITH AD 12/1/25 _____ Principal Signature Date

Superintendent/Designee Signature Date 12/4/25

Board Approval Date Approved _____ School

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.