



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Overnight Field Trip Request

Name of Organization Dance Team Date Submitted 1/5/26
Name of Advisor/Coach Kerri Elkei
Destination Orlando, FL
Date of Trip 2/5/26-2/9/26
Qualified for Competition ☒ Nationals Competition Annual Trip _____

Purpose of Trip: (Benefit to Students)

To compete in the DTU National Competition in Orlando, FL

3 School days out of Class

22 Number of Students traveling

Male _____ Female 22

Supervision:

(Staff members need professional leave form)

MCHS Staff (names): Kerri Elkei Jadyn Fernandez
Kristi Boe Georgia Kaminski

Type 75: ☒ Y Name Kristi Boe
☐ N Reason why not necessary _____

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



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

School Bus	<input checked="" type="checkbox"/>	Number required	1
Van	<input type="checkbox"/>	Number required	
Driver 1.	<input type="checkbox"/>	2.	<input type="checkbox"/>
(Copy of Driver's License Necessary)		(Copy of Driver's License Necessary)	

Date of Departure **2/5/26** Time of Departure **5:30am** ☐ South or ☒ Central

Date of Return 2/9/26 Time of Return 11:10am ☐ South or ☒ Central

Date: 2/5/26 Airport: O'Hare Airline: United Airlines
Flight number: #2323 Scheduled departure: 9:00am

Date: 2/9/26 Airport: O'Hare Airline: Southwest Airlines
Flight number: #4804 Scheduled arrival: 11:10am

Hotel/Lodging Name: Hyatt Regency Orlando

Address: 9801 International Drive, Orlando, FL 32819

Phone: (407) 284-1234 Fax: _____

Name of Person Making Reservation: Kerri Elkei



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Overnight Field Trip Request

Cost of Trip:

Itemized District Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meal			
	Parking			
	Travel			
	Miles:			
	Driver round trip			
			Total	\$0.00

Itemized Organizational Cost: Costs Paid By Dance Parents

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meals			
	Registration			
	Parking			
	Travel			
			Total	\$0.00

Athletic Director's Recommendation *[Signature]* Approved ☒ Not Approved ☐ Date 1/5/26

Principal's Recommendation *[Signature]* Approved ☒ Not Approved ☐ Date 1/6/26

Superintendent Approval *[Signature]* Date: 1/6/26