

## Crete-Monee School District 201-U Field Trip Procedures and Guidelines

### Co-Curricular Overnight Field Trip Application

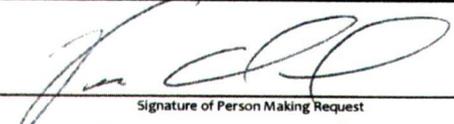
Sponsoring Staff Member: <u>Vernon Reed</u>	School: <u>Crete-Monee High School</u>
Destination of Trip: <u>Dayton Ohio</u>	Student Group Traveling: <u>NJROTC</u>
Give a Brief Description/Purpose of the Trip: <u>NJROTC EDUCATIONAL TRIP WITH 3 ROTC COLLEGE VISITS</u>	
Approximate Departure Date: <u>24 APRIL 2026</u>	Approximate Departure Time: <u>4:00 AM</u>
Approximate Return Date: <u>26 APRIL 2026</u>	Approximate Return Time: <u>3:00 PM</u>

Is an outside vendor (i.e., travel agency) being used to organize the trip? Yes  
If yes, a Certificate of Insurance naming the School and District as an additional insured is required and must be submitted with this application

Will a vendor, besides our current pupil transportation vendor (i.e., First Student), supply transportation services for the trip? Yes  
If yes, a Certificate of Insurance naming the School and District as an additional insured is required and must be submitted with this application

Number of School Days Missed (if any): <u>1 Day</u>	Method of Transportation: <u>Coach Bus K&amp;G Transportation</u>
Approximate Number of Students Traveling: <u>30</u>	
Approximate cost per student: Transportation: _____	Food: _____
Lodging: _____	Other (please define): _____
Approximate Total Cost per Student: <u>\$ 100.00</u>	
Brief Explanation of how This Trip will be Funded: <u>NJROTC FUNDRAISER ACCOUNT</u>	

Name and position (i.e., teacher, parent, coach) of adult chaperones:		
Name	Position	Background Check
VERNON REED	INSTRUCTOR	YES
RAMON NIEVES	INSTRUCTOR	YES
ROCHELLE ASKEW	BOOSTER PARENT	YES
JAY FARQUHAR	BOOSTER PARENT	YES

  
 \_\_\_\_\_  
 Signature of Person Making Request

  
 \_\_\_\_\_  
 Signature of Building Administrator

  
 \_\_\_\_\_  
 Signature of Superintendent/Designee

2/5/26  
 \_\_\_\_\_  
 Date

02/05/2026  
 \_\_\_\_\_  
 Date

02/24/2026  
 \_\_\_\_\_  
 Date

Signatures indicate conceptual approval of this trip. If the trip is rescheduled for any reason (i.e., inclement weather), the Board of Education will be notified of the rescheduled dates, and additional approval will not be necessary.

A detailed itinerary must be provided to your building principal/designee closer to the departure date of the trip.

### **Crete Monee NJROTC Itinerary for Dayton, OH 2026**

- **Friday, April 24th, 2026**, 4:00 AM Depart from Crete Monee High School 1515 W. Exchange
- Crete, IL 60417
- Arrive 10:00 am Wright State College: 3640 Colonel Glenn Hwy, Dayton, OH 45435
- Depart at 1:30 pm, Wilberforce University, 1055 N. Bickett Rd. Wilberforce, OH 45384  
Number-(937) 376-2911
- Arrive at 2:00 pm at The Central State University, 1400 Brush Row Rd, Wilberforce, OH 45384, for campus visit/tour.
- Depart at 4:00 pm from Central State University, 1400 Brush Row Rd, Wilberforce, OH 45384
- Arrive at 4:30 pm, Hope Hotel (for check-in) 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- Depart at 5:30 pm, 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- Arrive at 6:00 pm, Dayton Mall Address: 2700 Miamisburg Centerville Rd, Dayton Oh. (for dinner) 20 mins from the hotel
- Arrive at 8:00 pm Hope Hotel. 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- **Saturday, April 25th, 2026**, 7:00 am breakfast at the hotel.
- Depart hotel at 8:30 am, 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- Arrive at 9:00 am National Museum of the United States Air Force, 1100 Spaatz Street, Wright-Patterson AFB, OH 45433-7102 (FREE ADMISSION)
- Lunch at 12:00 noon at the Museum.
- Depart the museum at 1:00 pm, 1100 Spaatz Street, Wright-Patterson AFB, OH 45433-7102
- Arrive 1:30 pm, Hope hotel 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- Depart hotel at 4:00 pm, 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- Arrive at 4:30 pm, Scene 75 Activity Fun Center, 6196 Poe Ave. Dayton. OH. 45459,
- Depart Scene 75 at 8:00 pm, Scene 75 Activity Fun Center, 6196 Poe Ave. Dayton. OH. 45459
- Arrive at 8:30 pm, Hope the hotel is 10823 Chidlaw Rd. Bldg. #823 Area A gate 12a Wright Patterson Air Force Base, Ohio, 45433-5000
- **Sunday 26th, 2026**, 7:00 am breakfast at the hotel and room check out.
- Depart at 9:00 am for Crete Monee High School, 1515 W. Exchange
- Crete, IL 60417
- Arrive at Crete Monee High School at 1:30 in the afternoon. 1515 W. Exchange
- Crete, IL 60417

For question please call:

Petty Officer Vernon Reed cell# (757) 470- 6075

**K&G Coach Line Inc.**

1460 Renaissance Dr Suite 101 Park Ridge, IL 60068  
 US  
 Tel: (312) 967-2076  
 Email: info@kgcoachline.com

**Invoice:** 5356  
**Invoice Date:** 02/11/2026  
**Terms:** DUR  
**Due By:** 02/11/2026  
**EIN/Business #**

**Bill To:**

CRETE MONEE HIGH SCHOOL NJROTC / VERNON D. REED  
 1515 W. EXCHANGE  
 CRETE, IL 60417  
 (708) 367-2922

**PO/Reference #**  
 N/A

Conf#	Date & Times	Passenger	Client #	Routing Information	Trip Total	Total Due
37951	04/24/2026 04:00 AM 08:00 PM	(DAY 1 OF 3), Crete Monee NJROTC Dayton OH 2026		PU: -- : Crete Monee High School 1515 W. Exchange - Crete, IL 60417	1,900.00	1,900.00
37952	04/25/2026 08:30 AM 08:30 PM	(DAY 2 OF 3), Crete Monee NJROTC Dayton OH 2026		PU: -- : DRIVER TO GET DETAILED ITINERARY FROM THE OFFICE	1,900.00	1,900.00
37953	04/26/2026 09:00 AM 01:30 PM	(DAY 3 OF 3), Crete Monee NJROTC Dayton OH 2026		PU: -- : DRIVER TO USE DETAILED ITINERARY FROM THE OFFICE	1,900.00	1,900.00

**Total: 5,700.00****Discount : 0.00****Finance Charge: 0.00****Payments: 0.00****Total Due (\$) : 5,700.00**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/11/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Danielle Duerr & Associates Inc. 200 S Frontage Rd, Suite 100 Burr Ridge IL 60527		<b>CONTACT NAME:</b> CAROLINE KUDERA <b>PHONE (A/C, No, Ext):</b> (630) 468-2410 <b>E-MAIL ADDRESS:</b> carolinek@duerrassoc.com <b>FAX (A/C, No):</b>																						
<b>INSURED</b> K & G COACH LINE INC. 1460 RENAISSANCE DR, Unit #101 PARK RIDGE IL 60068-1346		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td colspan="2">INSURER A: INCLINE CASUALTY COMPANY</td> <td>11090</td> </tr> <tr> <td colspan="2">INSURER B: GENERAL STAR INDEMNITY COMPANY</td> <td>37362</td> </tr> <tr> <td colspan="2">INSURER C: ACCREDITED SURETY &amp; CAS CO INC</td> <td>26379</td> </tr> <tr> <td colspan="2">INSURER D: BEAZLEY INS. CO.</td> <td>37540</td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: INCLINE CASUALTY COMPANY		11090	INSURER B: GENERAL STAR INDEMNITY COMPANY		37362	INSURER C: ACCREDITED SURETY & CAS CO INC		26379	INSURER D: BEAZLEY INS. CO.		37540	INSURER E:			INSURER F:		
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	SST11330-02	05/23/2025	05/23/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	SST11330-02	05/23/2025	05/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 100,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	IXG676727B	05/23/2025	05/23/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	1AUJIL160152436301	05/23/2025	05/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Sexual Abuse / Molestation			SML-0000-417979C	05/23/2025	05/23/2026	Limit One Victim 1,000,000 Limit All Victims 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See ACORD 101

**CERTIFICATE HOLDER**

Crete-Monee School District 201-U  
690 W. Exchange Street  
Crete IL 60417

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
*Caroline Kudera*

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Danielle Duerr & Associates Inc.		<b>NAMED INSURED</b> K & G COACH LINE INC.	
<b>POLICY NUMBER</b> 1AUUIL160152436301, 5ST11330-02, IXG676727B			
<b>CARRIER</b> ACCREDITED SURETY & CAS CO INC	<b>NAIC CODE</b> 26379A, 110	<b>EFFECTIVE DATE:</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25      FORM TITLE: Certificate Of Liability Insurance**

Blanket Additional Insured applies as per written contract with respect to Auto Liability and General Liability. Blanket Waiver of Subrogation applies as written per contract with respect to Auto Liability and General Liability. Blanket Primary & Non-Contributory clause applies to Auto Liability and General Liability as per written contract. Blanket Waiver of Subrogation clause applies with respect to Workers Compensation as required by written contract. Workers Compensation: Excluded officers - Stefan Kisiov, Gueorgui Gueorguiev

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>K&amp;G COACH LINE INC</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input checked="" type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>1460 RENAISSANCE DR, SUITE 101</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>PARK RIDGE, IL 60068</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
4	6	-	5	3	1	8	8	4	6

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>1-5-2026</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Hope Hotel & Conference Ctr  
4404 Chidlaw Rd  
Dayton Ohio 45433  
937-879-2696

## QUOTE

Group Name: JROTC Crete Monee High School US Air Force Recruiting

Arrival Date: 04-24-2026 to 04-26-2026

Group Contact: Vernon Reed

Phone: (708) 573-7894

Email: reedv@cm201u.org

### Group Room

Rate Date	Weekday	RoomType	People per Room	No. of Rooms	Rate (\$)	Anticipated Revenue (\$)
04-24-2026	Friday	Double	4	9	121.00	1089.00
04-24-2026	Friday	Single	1	5	121.00	605.00
04-25-2026	Saturday	Double	4	9	121.00	1089.00
04-25-2026	Saturday	Single	1	5	121.00	605.00
04-26-2026	Check Out					
<b>Anticipated Revenue (\$)</b>						<b>3388.00</b>
<b>Total Taxes &amp; Fees (\$)</b>						<b>330.33</b>
<b>Total + Tax/ Fees (\$)</b>						<b>3718.33</b>

\*ALL ROOM RATES ARE SUBJECT TO LOCAL SALES TAX AND OCCUPANY TAXES\*