

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: Eric Bergquist and Two Rivers High School

Date of Trip/Destination/Who trip is for: March 4th to March 7th 2026/Duluth, MN/Lighting Turtles Robotic

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	March 4th to March 7th 2026
2. Trip destination	Duluth, MN DECC Arena
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. <i>Link to roster template: TOUR ROSTER</i>	Attached to Email
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	Attached to Email
5. Final number of student travelers	14
6. Final number of adult travelers who are paying their own way/fare.	4
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]	6 [\$352.28]
8. Final number of district employees (also include in #6 and #7 counts)	1
9. Ratio of adults to students	<2:1
10. FINAL TOTAL of Number of Travelers (Adults and Students)	24
11. Have parents received detailed information about the cancellation policies and fees?	Yes
12. Is travel insurance through the tour company required OR optional for your travelers?	N/A

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13. Has the district completed background checks for all adults?	Yes
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.	Private
15. How will you communicate with travelers while on tour?	Slack, Phone, Email
16. How will you communicate with families back home/not on tour?	Email, Phone
17. What is your plan for those requiring medication?	Students are responsible for their own medication unless communicated with the Coach

Eric Bergquist

2026-01-07

Staff Member's/Group Leader's Signature

Date

Required Approvals:

BSA AD

Principal Signature

Date

1/15/26

[Signature]

Superintendent/Designee Signature

Date

1/20/26

School Board Approval

Date Approved

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.