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:	Mary Beth Townsend Two Rivers High School	
Date of Trip/Destination/Who trip is for:	11/7-11/9 Key Club Fall Raily	

TOUR CHECKLIST	RESPONSE
1. Dates of travel	11/7-11/9
2. Trip destination	
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: TOUR ROSTER	Link to tour roster: https://docs.google.com/ spreadsheets/d/ 1coAy9nwkl4Td1N492EP_kzQASPe8zghpHehsn 6Q6z7U/edit?usp≕sharing
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	Depart at 3:30 pm on Friday, 11/7 to YMCA Camp Induhapi. Stay in cabins for the weekend. Depart 11/9 at 11 am. Return back to high school around noon.
5. Final number of student travelers	111
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]	2 total amount is paid through Robert St. Business Association Donation
8. Final number of district employees (also include in #6 and #7 counts)	1
9. Ratio of adults to students	
10. FINAL TOTAL of Number of Travelers (Adults and Students)	
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?	No

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13. Has the district completed background checks for <u>all</u> 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 transportation to event. Staying with other high schools at the event
15. How will you communicate with travelers while on tour?	In person. Messaging via Remind if needed
16. How will you communicate with families back home/not on tour?	Email. Phone in an emergency.
17. What is your plan for those requiring medication?	One of the staff at the event is a PA. She is licensed to dispense meds
my 13 hard	10/7/2025
Staff Member's/Group, Leader's Signature	Date
Required Approvals: AD Principal Signature	10 / 7/25 Date
Superintendent/Designee Signature	10/7/25 Date

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.

Date Approved

School Board Approval

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swnyhus@yahoo.com		prior to trip Steve Nyhus		R				×	Two Rivers	9th grade		
Tara.riba@isd197.org	(651)248-9747	Tara Riba	prior to trip	No				×	Two Rivers	_	Molly	
petersontal@gmail.com		Patricia Peterson	prior to trip	No				×	Two Rivers		Leighton	Peterson
jabenolken@gmail.com		Jennifer Benolken	Will obtain prior to trip	No				×	Two Rivers	grade	Elizabeth 10	Benolken
jqiblawi@gmail.com	-	Jameel Qiblawi	prior to trip	N _o				×	Two Rivers	9th grade	Zakia	Qiblawi
bruce.carpenter@isd197.org		Bruce Carpenter	Will obtain prior to trip	No				×	Two Rivers		Audrey	er
brian@brianlarson.com		Brian Larson	Will obtain prior to trip Brian Larson	No				×	Two Rivers			
Craig.vanguilder@agribank.com		Craig VanGuilder	Will obtain prior to trip	S				×	Two Rivers		Lucy (p	Van Guilder
dmarkun@outlook.com	7	Danielle Markun	Will obtain prior to trip Danielle Markun	No				×	Two Rivers	10th grade	Leena	Markun
PARENT EMAIL	PARENT PHONE	PARENT/EMERGENCY CONTACT NAME	STUDENT CELL PHONE	TRAVEL INSURANCE?	FREE SPOT?	ADULT PAID TRAVELER	CHAPERONE	STUDENT	SCHOOL ATTENDING	AGE	TRAVELER FIRST NAME	TRAVELER LAST NAME
		The second second				eler	Mark Type of Traveler	X			A	
mary.townsend@isd197.org			651-247-8464						Two Rivers	Key Club Advisor	Mary Beth	Townsend
LIAISON EMAIL			PHONE NUMBER						SCHOOL	POSITION	NAME	NAME