


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: Ben Geiger Two Rivers High School

Date of Trip/Destination/Who trip is for: 6/13-20/26/NSDA Nationals Richmond, VA Speech

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	6/13-6/20
2. Trip destination	Richmond, VA
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. <i>Link to roster template: <u>TOUR ROSTER</u></i>	 2026-NSDADISTRICT 197 TOUR ROSTER
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	https://docs.google.com/spreadsheets/d/18Mt1wnariAL-XyLzGfZi8jjX12HzrkN3wxLfZi693xE/edit?usp=sharing
5. Final number of student travelers	4
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
8. Final number of district employees (also include in #6 and #7 counts)	1
9. Ratio of adults to students	1:2
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
13. Has the district completed background checks for all adults?	Yes

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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.	No
15. How will you communicate with travelers while on tour?	Cellphone and email
16. How will you communicate with families back home/not on tour?	Cellphone
17. What is your plan for those requiring medication?	Students will be responsible to carry and take their own medication

Staff Member's/Group Leader's Signature

4/27/26

Date

Required Approvals:

Principal Signature

4/27/26

Date

Superintendent/Designee Signature

4/29/26

Date

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.