

## 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: Jason Platz Two Rivers

Date of Trip/Destination/Who trip is for: 11/7/2025 Girls Hockey Game

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

TOUR CHECKLIST	RESPONSE
1. Dates of travel	11/7/2025 and 11/8/2025
2. Trip destination	Virginia/Eveleth Minnesota
<b>3. SUBMIT:</b> Complete roster of travelers. Include a link to your roster in the response or attach a document. <i>Link to roster template: <a href="#">TOUR ROSTER</a></i>	
<b>4. SUBMIT:</b> Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	
5. Final number of <b>student travelers</b>	40
6. Final number of <b>adult travelers who are paying their own way/fare.</b>	5 with the team
7. Final number of <b>adults travelers who are traveling with a free or reduced fare.</b> [If any, include the amount by which their fare is reduced]	0
8. Final number of <b>district employees (also include in #6 and #7 counts)</b>	3
9. <b>Ratio</b> of adults to students	8:1
<b>10. FINAL TOTAL of Number of Travelers (Adults and Students)</b>	45
11. Have parents received detailed information about the cancellation policies and fees?	Parents will be traveling on their own
12. Is travel insurance through the tour company required OR optional for your travelers?	Optional

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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
15. How will you communicate with travelers while on tour?	Group app
16. How will you communicate with families back home/not on tour?	Email
17. What is your plan for those requiring medication?	students will be able to manage their own medications or ask the coaching staff to help

Jason Platz  
Staff Member's/Group Leader's Signature

9/7/2025  
Date

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### Required Approvals:

AD  
Principal Signature

9/9/25  
Date

[Signature]  
Superintendent/Designee Signature

9/12/25  
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.