



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Overnight Field Trip Request

Name of Organization Boys Track & Field Date Submitted 3/16/26

Name of Advisor/Coach Nick Lundin

Destination Belleville, IL

Date of Trip 4/10/26-4/11/26

Qualified for Competition _____ Annual Trip

Purpose of Trip: (Benefit to Students)
To compete in the Belleville West Invitational

.25 School days out of Class
_____ Number of Students traveling Male 35 Female _____

Supervision:

(Staff members need professional leave form)

MCHS Staff (names): Nick Lundin Kevin Dorenkamper/Colin Marchio
Brett Hespell/Rick Undesser Liz Sherrick

Type 75: _____ Y Name _____
X _____ N Reason why not necessary Not traveling out of state

Chaperones:			
Name of Chaperone	Relationship to program (Volunteer/parent or other)	District CBI on file (Background Check Y or N)	Paying for trip: (P) Program (D) District (C) Chaperone



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Required Documentation to be attached with request: (v) if completed or (n/a) if does not apply

- Professional Leave Form
- Blank Student Permission Form
- Copy of Driver's License
- Transportation Request
- List of Students
- Trip Itinerary / Agenda

District Transportation Required:

School Bus Number required 1

Van _____ Number required _____

Driver 1. _____ 2. _____
(Copy of Driver's License Necessary) (Copy of Driver's License Necessary)

Van/Bus Schedule departure time and campus: Minooka Van/Bus Other _____

Date of Departure 4/10/26 Time of Departure 1:15pm South or Central

Date of Return 4/10/26 Time of Return TBD South or Central

Departure Flight Information:

Date: _____ Airport: _____ Airline: _____

Flight number: _____ Scheduled departure: _____

Arrival Flight Information:

Date: _____ Airport: _____ Airline: _____

Flight number: _____ Scheduled arrival: _____

Lodging Information:

Hotel/Lodging Name: Drury Inn Fairview Heights, IL

Address: 12 Ludwig Dr. Fairview Heights, IL

Phone: (618) 398-8530 Fax: _____

Confirmation Number: _____

Name of Person Making Reservation: Nick Lundin



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Cost of Trip:

Itemized District Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meal			
	Parking			
	Travel			
	Miles:			
	Driver round trip			
			Total	\$0.00

Itemized Organizational Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
14	Lodging		1	\$2,355.00
123	Meals	10.00	1.25	\$1,230.00
	Registration			
	Parking			
	Travel			
			Total	\$3,585.00

Athletic Director's Recommendation *MR. Waring* Approved Not Approved Date 3/16/26

Principal's Recommendation _____ Approved Not Approved Date _____

Superintendent Approval _____ Date: _____



MINOOKA COMMUNITY SCHOOL DISTRICT #111
Parent Permission Form

Parent/Guardian Information – Please keep the top portion of this form for your reference

Group: Boys Track & Field

Date of Trip: 4/10/26-4/11/26

Location of Trip: Belleville, IL

Time of Departure: 1:15pm

Return Time: TBD

Students should report to the following location for departure:

Central Campus

Additional Comments: _____

CUT ON THE DOTTED LINE AND RETURN BOTTOM PORTION:

.....

_____ has my permission to
(Print Student Name)

go with Boys Track & Field on 4/10/26-4/11/26
(Group) (Date of trip)

Students on school-sponsored field trips are treated the same in regular classes as far as injuries or illness is concerned; that is, the district does not carry insurance for those cases. It is up to the parents to insure their children.

Students on any field trip are expected to comply with the rules in the student/parent handbook. I also agree to allow the assigned sponsor to administer medical attention or seek professional medical assistance if deemed appropriate.

(Parent/Guardian Signature) Emergency Phone # (Date Signed)