Illini West High School District #307

Overnight Trip

Date of Trip:
Sponsor/Coach Making Request:
Organization/Sport:
Purpose of Trip:
Destination:
Time & Place of Departure:
Approx. Time of Arrival Home:
Number of Participants:

Projected Costs to District:
(Check each as applicable)

- ☐ Transportation – Using Activity Bus/Yellow Bus
- ☐ Motel Rooms* – Approx. Cost: $
- ☐ Meals* – Approx. Cost: $
- ☐ Registration Fees** -- $
- ☐ Substitute Teacher – Number of periods:
- ☐ Other – Specify: _____

Date of Request:

*District will only cover Bus Driver & Sponsor(s) (must stay at same motel)
**District will only cover Sponsor(s)

APPROVED BY:

_____
Signature of Principal Date

_____
Signature of Superintendent Date

Revised 08/22/2019