**Illini West High School District #307**

*Overnight Trip*

*Board Approval Request*

Date of Trip:

Sponsor/Coach Making Request:

Organization/Sport:

Purpose of Trip:

Destination:

Time and Place of Departure:

Apprx Time of Arrival Home:

Number of Participants:

Projected Costs to District:  Transportation

Activity Bus:

Yellow Bus:

Motel Rooms\* – Approx Cost: $

Meals\* - Apprx 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**

**Signature of Board Representative Date**