



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

## Overnight Field Trip Request

Name of Organization Poms/Dance Team Date Submitted 5/18/26  
 Name of Advisor/Coach Kerri Elkei  
 Destination Schaumburg, IL  
 Date of Trip 7/7/26-7/10/26  
 Qualified for Competition \_\_\_\_\_ Annual Trip  UDA Camp

**Purpose of Trip: (Benefit to Students)**

This is an elite level camp that is by invite only. The camp includes master class, convention style dance classes as well as instructional level classes. The athletes use routines taught at this camp for their football and basketball game routines. This event is a great networking opportunity for students as well. They are able to meet other teams in the IHSA competition divisions as well as choreographers/staff members from all over the country.

0 School days out of Class  
 \_\_\_\_\_ Number of Students traveling Male \_\_\_\_\_ Female 31

**Supervision:**

(Staff members need professional leave form)

MCHS Staff (names): Kerri Elkei Jadyn Fernandez

Type 75: \_\_\_\_\_ Y Name \_\_\_\_\_  
 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: (✓) if completed or (n/a) if does not apply**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Professional Leave Form       | <input checked="" type="checkbox"/> Transportation Request  |
| <input checked="" type="checkbox"/> Blank Student Permission Form | <input checked="" type="checkbox"/> List of Students        |
| <input checked="" type="checkbox"/> Copy of Driver's License      | <input checked="" type="checkbox"/> 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 7/7/26 Time of Departure 10:00am  South or  Central

Date of Return 7/10/26 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: Schaumburg Renaissance Hotel

Address: 1551 Thoreau Dr. N, Schaumburg, IL 60173

Phone: (847) 303-4100 Fax: \_\_\_\_\_

Confirmation Number: See Attachment

Name of Person Making Reservation: Kerri Elkei



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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			
<b>Total</b>				<b>\$0.00</b>

#### Itemized Organizational Cost:

Number	Item	Unit/Cost	# of Days	Total per Item
10	Lodging	Lodging & Fees Together - See Attachment	3 Nights	
396	Meals	10.00	4	\$3,960.00
33	Registration	Lodging & Fees Together - See Attachment		
	Parking			
	Travel			
<b>Total</b>				<b>\$3,960.00</b>

Athletic Director's Recommendation *[Signature]* Approved  \_\_\_\_\_

Not Approved \_\_\_\_\_ Date 5/15/26

Principal's Recommendation \_\_\_\_\_ Approved \_\_\_\_\_

Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval \_\_\_\_\_

Date: \_\_\_\_\_



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

Group: Dance Team/Poms

Date of Trip: 7/7/26-7/10/26

Location of Trip: Schaumburg, IL

Time of Departure: TBA

Return Time: TBA

Students should report to the following location for departure:

Central Camps

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**CUT ON THE DOTTED LINE AND RETURN BOTTOM PORTION:**

\_\_\_\_\_ has my permission to  
(Print Student Name)

go with Dance Team/Poms on 7/7/26-7/10/26  
(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)



# Universal Dance Association

PO Box 70157  
Memphis, TN 38107  
(888) 243-3782  
<https://www.varsity.com/uda/>  
OR  
711 N Front Street, Suite 100  
Memphis, TN 38107

## INVOICE

<b>Inv #</b>	REG-0011680123
<b>Date</b>	05/12/2026
<b>Cust #</b>	42185800
<b>Contact</b>	Kerri Elkei

**Billed To:** Minooka Community High School - Varsity  
Dance  
301 S Wabena Ave  
Minooka, IL 60447-9466

**Event Info:** Renaissance Schaumburg Convention  
Center Hotel  
1551 N. Thoreau Dr.  
Schaumburg, IL 60173  
07/07/2026 - 07/10/2026

**Amount Paid:** \$0.00

**Balance Due:** \$10,786.00

**Balance Due Date:** 05/23/2026