Requires School Board Approval
Nov. 5 Agenda

*Note: Hotel Rooms in Reno but not casinos.

Willows Unified School District (WUSD) Field Trip Request Form

This form must be completed by the trip organizer and submitted to the school administration for review and approval.

abaker@willowsunified.org Switch account

Not shared

Draft saved

* Indicates required question

Submission Deadlines

- Local/One-Day Trips: Submit trip activity forms and transportation requests to the Site Office at least two (2) weeks prior to the trip date.
- Extended/Overnight/Out-of-State Trips: Submit forms at least 60 days prior to departure.

Field Trip Protocol Acknowledgement

Please read the WUSD Field Trip Protocol before completing this survey.

WUSD Field Trip Protocol

I have read and understand the Field Trip Protocol. *

☑ Yes, I acknowledge

Section 1

Trip Information

School(s) that will be attending the field trip (select all that apply) *

- [ ] Murdock Elementary School
- [ ] Willows Intermediate School
- [x] Willows High School
- [ ] Willows Community High School

Site contact (principal) for the field trip (select all that apply) *

- [ ] Stacy Lanzi
- [ ] Durell Siplin
- [x] James Lothschutz
- [ ] Emmett Koerperich

Teacher/organizer of the field trip *

Rick Beatty, Coach

Contact information for teacher/organizer of the field trip *

530-513-8076 beatty4us@gmail.com

Grade level(s)/group(s) attending the field trip *

11 & 12

Trip title/description *

Spanish Springs Basketball Tournament

Date(s) of field trip *

December 3-5, 2026

Destination name(s) *

Sparks, Nevada

Destination address(es) *

1065 Eagle Canyon Drive, Sparks, NV 89436

Destination phone number(s) *

775-741-7031

Departure time *

TBA

Return time *

TBA

Estimated # of students attending *

15

Section 2
Supervision and Safety

Total # of chaperones/staff *

4

Chaperones including staff (names, relationship) *

Rick & Melanie Beatty, Shilo Springstead & John Calonico

Medical/first aid provisions (at least one staff member chaperoning shall be certificated in cardiopulmonary resuscitation (CPR)) *

Yes

Section 3
Educational Purpose

What are the learning objectives or goals of this trip? *

Basketball Tournament

How does this trip connect to curriculum? *

Athletics

Section 4
Logistics

Mode of transportation (check all that apply) *

- [ ] School bus(es)
- [x] District van(s)
- [x] Personal vehicle(s)
- [ ] Rented vehicle(s)
- [ ] Charter bus(es)
- [ ] Walking
- [ ] Other:

Funding source (e.g., student payment, school funds, PTO) *

ASB

Estimated cost to the District *

$0.00

Estimated cost to the student (if applicable) *

$0.00

If applicable, will meals be provided or purchased?

- [x] Provided
- [ ] Purchased
- [ ] Not applicable
- [ ] Other:

Section 6
Approval of site(s)

Print this form out and obtain the following signatures: *

- [x] I understand that this form is a template that must be printed and completed with the required paper signatures from the Certificated Field Trip Leader and Site Administrator(s). This form does not need to be submitted electronically.

Signature 1: Certificated Field Trip Leader

Your answer 

Signature 2: Site Administrator(s)

Your answer 

Section 7
Submit to District Office for Final Approval 

Date of Board of Education approval (required for overnight and out-of-state field trips)

Your answer

Submit Clear form

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Google Forms