

Student Organization Travel Worksheet 2006-2007

Organization Information

Organization Name:

Organization President or Trip Representative:

Contact Phone Number and/or Email:

Organization Advisor:

Contact Phone Number and/or Email:

Trip Information

Purpose of trip:

Destination:

Travel dates:

Total number of participants (attach roster and waivers/releases):

Lodging arrangements for overnight trips (include address and telephone):

Transportation Arrangements

Personal Vehicle

Driver Information Name	Contact Phone Number	Copy of Drivers License & Insurance
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

Chartered Vehicle

Charter company name and contact phone number: _____

Other (attach details)

* Submit copy to Advisor and/or SORC as applicable.