Organization President



Contact Infor	mation	
Organization: _		
Student contac	t:	Position:
E	Email:	Phone:
Advisor:		
E	Email:	Phone:
Travel Inform	nation	
Departure date	:	Departure time:
Return date:		Return time:
Destination:		
Purpose of trav	el:	
Number of vehi	Driver(s):	cles: Rental vehicles:
		s:
	icipants: ticipant names & eme	gency contact information on the second page of this form.
Advisor accomp	panying group (if req	uired):
		fton University Off-Campus Travel Policy (Student Activities) http://www.bluffton.edu/studentlife/handbook/opportunities/#travel)

Please submit completed form and roster to Marbeck Center Mailbox 7. Failure to complete and return this form risks cancellation of the activity.

Date

Organization Advisor

Date



Please list names and emergency contact information for all participants in the travel activity. Use additional forms as necessary.

Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone
Name		Cell phone
	Emergency contact	Phone

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