Contact Information

Organization: _______________________________________________________

Student contact: __________________________ Position: __________________

Email: __________________________ Phone: __________________

Advisor: ___________________________________________________________

Email: __________________________ Phone: __________________

Travel Information

Departure date: __________________________ Departure time: ______________

Return date: __________________________ Return time: ______________

Destination: ______________________________

Purpose of travel: ______________________________

Number of vehicles: University vehicles: _____________ Rental vehicles: _____________

Driver(s): _______________________________________________________

Private vehicles: _______________

Driver(s): _______________________________________________________

Number of participants: _______________

*List participant names & emergency contact information on the second page of this form.

Advisor accompanying group (if required): ______________________________________

Signatures

I have read and understand the Bluffton University Off-Campus Travel Policy (Student Activities) as listed in the Student Handbook. (http://www.bluffton.edu/studentlife/handbook/opportunities/#travel)

_________________________________________  Date  __________________________________________
Organization President  Organization Advisor

Please submit completed form and roster to Marbeck Center Mailbox 7.
Failure to complete and return this form risks cancellation of the activity.
Please list names and emergency contact information for all participants in the travel activity. Use additional forms as necessary.

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