TRAVEL INFORMATION FORM

Name: _____ A#: _____

Name of Group/Person Traveling: _____

Advisor: _____

Purpose of Travel: _____

Travel Information:

Destination: _____

Leaving: _____

Returning: _____

Name of Hotel/Motel Address Phone Number

Check all that apply:

_____☐ University Vehicle _____☐ Car _____☐ Minivan _____☐ Minibus
_____☐ Personal Vehicle Make/Model #_____ License # _____
_____☐ Rental Vehicle Company_____ Number of Vehicles _____
_____☐ Airline

Leaving: _____
Date Location Time

Flight Number: _____

Returning: _____
Date Location Time

Flight Number: _____

_____ Verification of having viewed SAFE Driver's Video

_____ Verification of signed "rules and regulations" form

_____ NCS and verification if minibus is being used

Advisors Signature: _____ Date: _____

ON THE BACK OF THIS SHEET, PLEASE LIST THE NAMES OF ALL THE PEOPLE WHO WILL BE TRAVELING WITH YOUR GROUP

EMERGENCY CONTACT NUMBERS

List all people traveling in vehicle and emergency contact telephone numbers:

NAME	FAMILY MEMBER NAME	FAMILY MEMBER CONTACT NUMBER