**Alumni Memorial Union and Student Engagement**
**Student Organization Travel Itinerary**

Trip Name:

Dates:

Student Trip Coordinators and phone numbers:

|  |  |
| --- | --- |
| Name | Phone |
|  |  |
|  |  |
|  |  |
|  |  |

\*\*Note: student trip coordinators are the students who are organizing the travel, registering the event, etc. If you are doing organization, but not actually traveling with the group, we will need a name of someone who IS traveling with the group and agrees to be the trip point of contact for the group.

Will Advisor travel with the organization? Yes/No

If yes, name of advisor:

Housing Name and Address:

Trip Itinerary:

 Please be detailed.

|  |  |  |
| --- | --- | --- |
| Date/Time  | Location (including address)  | Activity Description |
|   |   |   |
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|   |   |   |
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|   |   |   |
|   |   |   |

Information on Means of Travel:

**Please note all that are applicable:**

|  |  |
| --- | --- |
| Airplane* Departing Airline
* flight number
* times of departure and arrival
* airport from which you are flying out
* Airport final destination
* Returning Airline
* flight number
* times of departure and arrival
* airport from which you are flying out
* Airport of home destination

How are you getting to/from airport |  |
| Charter bus information * Carrier
* trip number
* times of departure and arrival
 |  |
| Rental vehicle* Rental car company
* names and emails of people who will be driving
 |  |
| Personal Vehicle* Who owns the vehicle?
* Names and emails of people who will be driving

Is vehicle insured and all drivers covered by the policy? |  |