



Field Trip Student Organization Travel Authorization Request Form

Class/Organization/Group/Club Name _____

Purpose of Trip _____

Date(s) of Trip _____

Destination _____

Phone # of hotel/event site _____

Name of Instructor/Advisor traveling with club _____

Instructor/Advisor emergency contact number _____

Please list the names of the students participating and their emergency contact numbers

Student Name (please print)	Emergency contact/number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list the names of additional advisors/chaperones planning to travel.

Approval for Clubs and Organization Travel

Approval for College-Sponsored Travel

Coordinator of Student Activities

Vice President for Student Services

Vice President for Student Services

Division Director/Vice President for Instruction