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

Trip Name:

Dates:

Student Trip Coordinators and phone numbers:

|  |  |
| --- | --- |
| Name | Phone |
|  |  |
|  |  |
|  |  |
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\*\*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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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? |  |