Please use these guidelines if you are planning any student organization travel:

- All student organizations must complete this form prior to traveling.

- All students traveling must sign an Assumption of Risk and Responsibility (AAR) Form and

A Medical Information Form

- All student travel is expected to follow the Student Domestic and Canadian Travel Policy.

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**Information to be entered by Student Trip Leader:**

Name: __________________________________________

Email: __________________________________________

Gate ID: __________________________

Phone number to be used to reach you during event: __________________________

Name of Organization: __________________________________________

Event: __________________________________________

Location of Event: __________________________________________

Location where group will be staying (include phone number)

__________________________________________

Dates of Event:

   Event begins (Month) (date) __________________________

   Event ends (Month) (date) __________________________
How will you be traveling (circle from the following)

Colgate vehicle
Car rental
Zipcar
Contracted bus service
Plane
Train

Travel Itinerary:

Leave Colgate  Month-day-time ____________________________
Arrive site    Month-day-time ____________________________
Leave site     Month-day-time ____________________________
Arrive Colgate Month-day-time ____________________________

Hotel Accommodations [each night]:

Name of Hotel:
Address:
Phone:
Fax:

Total number of students traveling: ________
Please provide the following information for all students participating in the trip: (attach extra sheet if needed)

Name: ________________________________
GATE ID: ____________________________
Local contact number or cell phone: ____________________
In case of emergency, notify:
  Name: ________________________________
  Relationship: __________________________
  Phone number: _________________________

Name: ________________________________
GATE ID: ____________________________
Local contact number or cell phone: ____________________
In case of emergency, notify:
  Name: ________________________________
  Relationship: __________________________
  Phone number: _________________________

Name: ________________________________
GATE ID: ____________________________
Local contact number or cell phone: ____________________
In case of emergency, notify:
  Name: ________________________________
  Relationship: __________________________
  Phone number: _________________________
Name: ________________________________________________

GATE ID: __________________________

Local contact number or cell phone: __________________________

In case of emergency, notify:

   Name: ________________________________________________
   Relationship: __________________________________________
   Phone number: _________________________________________

________________________________________________________________________

University representative information**:

Name of Colgate Adviser: ________________________________

Title: _________________________________________________

Campus Address: _______________________________________

Campus Phone: _________________________________________

Home Phone: _________________________________________

**(Required for trips longer than 48 hours)

Additional comments or data:

________________________________________________________________________

________________________________________________________________________

Completed copies of this form must be submitted to the department sponsoring the trip, the Department of Campus Safety and the Office for Off Campus Study [overnight trips] at least 5 days before trip departure, and an updated student list must be left with the Department of Campus Safety and the Advising Department on the day of departure.