

**ALBION COLLEGE  
STUDENT ORGANIZATION TRAVEL ITINERARY**

Name of Organization: \_\_\_\_\_

Student Trip Leader/Coordinator: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Staff/Faculty Trip Advisor: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_  
(List if traveling with the group)

Destination/Activity: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Anticipated Time: \_\_\_\_\_

Purpose of Travel:

Means of Transportation (e.g., College Vans, Buses, Personal Cars):

Name of Accommodations: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list other phone number(s) at which your organization can be reached in case of an emergency.

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

**Please attach a Travel Roster with Emergency Contacts.**

**Each participant must also fill out a Statement of Responsibility and Release form.**