GROUP TRAVEL/TRIP ITINERARY AND AUTHORIZATION FORM

Organization Name: _____________________________________________________________

Purpose of Trip: ________________________________________________________________

Destination: __________________________________________________________________

Departure Date & Time: __________________________________________________________

Departure Location: _____________________________________________________________

Return Date & Time: ____________________________________________________________

Lodging Accomodations: _________________________________________________________

Address: ______________________________________________________________________

Phone Number: ________________________________________________________________

Advisor Name: __________________________________      Phone_______________________

Please list the following information for each individual that will be driving on this trip:
YOU MUST ATTACH A COPY OF EACH DRIVERS’ LICENSE TO THIS FORM.

<table>
<thead>
<tr>
<th>Driver Name</th>
<th>License Number</th>
<th>Expirations Date</th>
<th>Cell Phone #</th>
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If student travel will be done by plane, please list the following:

Name of Airline: ________________________________________________________________

Outbound Flight #________________________  Inbound Flight #________________________

Signature of Organization Representative                Signature of Advisor
________________________________   ______________________________

Date: ___________________________   Date: _________________________

Student Affairs Approval: ______________________________________    Date: ____________

Division of Student Affairs