



STUDENT TRAVEL AGENDA & ROSTER

This form **MUST** be completed for **ALL** off-campus trips by the **advisor/Whittier College faculty/staff/administrator** who will be attending trip. The completed form is **due the day of the trip** in the LEAP Office, or by 4:00pm on Friday for weekend trips.

Faculty/Staff/Admin. in charge of trip: _____ Cell Phone #: _____
 Mode of travel: Van Bus Car Airline Other _____
 Type of activity: _____ (sports, field trip, etc.)
 Departure date/time: _____ Return date/time: _____

Travel Schedule by location (OK to list more than one trip, as long as students remain the same.)

LOCATION (name of hotel if overnight stay)	PHONE NUMBER	DATE - TO - DATE
1.		
2.		
3.		

TRAVELERS LIST (name, cell phone #):

TOTAL NUMBER OF STUDENTS: _____

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TRANSPORTATION

Vehicles

Number of vehicles: _____ Number of personal vehicles: _____
 Number of rental vehicles: _____ Rental company name: _____
 Number of student drivers: _____

DRIVERS: Name Model & Make of car License plate # State

DRIVERS: Name	Model & Make of car	License plate #	State

Airline	Flight #	Departure City	Departure Time	Arrival City	Arrival Time

Signature of Faculty/staff/admin. responsible for,
 and who will be present on trip: _____
 (Must be a member of the Faculty/Staff)

Trip Organizer: Please make a copy of this form for your records.