

Casper College Travel Request

Part I: Trip Information

Date of Request _____ College travel leader responsible for trip _____

Travel Leader cell # _____ Office phone _____ email _____

Type of Travel: Class field trip ___ Student Organization ___ Student Travel without Faculty ___ Student Travel with Faculty ___ Athletics ___ Other ___

Club or organization traveling _____ Date(s) of Trip _____ through _____

Purpose of Trip _____

Destination: _____ Hotel if applicable _____

Address of hotel _____ City _____ State _____

Transportation: College Vehicle Y ___ N ___ Type: Car ___ Van ___ Bus ___ Suburban ___ Private Vehicle Used: Y ___ N ___

Number of students traveling _____ (must match the number/names of students listed on the reverse side)

PART II: Checklist

Authorization for Emergency Medical Treatment/Emergency Contact (Adult and/or Minor) attached for all students listed Y ___ N ___

Release and Indemnification Agreement (Adult and/or Minor) attached for all students listed above Y ___ N ___

Student Request to Drive a Private Vehicle if applicable Y ___ N ___ N/A ___ (attach proof of driver's license and insurance)

Approved motor vehicle record checked for driver if using a vehicle owned, leased by the college Y ___ N ___

Completed documents must be turned into the office of Student services GW 412 ONE week prior to departure

Part III: Student Information – Please Print

List below all students participating in the trip. (Attach additional pages as necessary). Please check the box next to the name if they will be driving their own vehicle. Student drivers need to provide proof of valid driver's license and vehicle insurance (must be attached to this form)

Student Name	Driver	Student ID#	Cell phone
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____

