TRAVEL PLAN

Organization Name: _____

Organization President/Phone/Email: _____

Trip Leader/Phone/Email: _____

Organization Advisor/Phone/Email: _____

TRAVEL INFORMATION

Event Name	Reason for Travel
Date/time of departure	Date/time of return
Dates of trip	Destination (city/state)

METHOD(s) OF TRAVEL

☐ Private Vehicle	☐ State Vehicle	☐ Rental Vehicle	☐ Charter bus
☐ Airline	Name of airline:	Departing flight(s):	Returning flight(s):

LODGING AND ACCOMMODATIONS

#	Name of Hotel/Lodging	Date	City/State	Lodging Address/Phone

As traveling members of a recognized student organization at FSU, I understand that:
My actions do not only represent myself and my club, but FSU as a whole
My actions on this trip shall be guided by the Seminole Creed
Even when traveling, FSU students must adhere to the FSU Student Code of Conduct

EMERGENCY INFORMATION

Hospital closest to destination:

_____

Hospital name   Phone   Address

Local phone number (where the organization can be reached at destination):

_____

Other Important Contact Information (advisor, university department, staff, trip leaders):

Contact Name	Relationship to Organization	Work Phone	Cell Phone	Email

ATTACHMENTS INCLUDED

- ☐ Emergency contact sheet
- ☐ Travel roster
- ☐ Airline/rental confirmations
- ☐ Lodging/accommodation confirmations
- ☐ Event registration confirmations

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ITINERARY / STOPS IN ROUTE

#	Location / Stop	Date/Time	City/State	Contact Info

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