**Midwestern State University**
**Student/Group Travel Form**

To register a trip, please complete this form and submit to the Dean of Students **AT LEAST 10 WORKING DAYS PRIOR TO THE TRIP.**

***PLEASE PRINT OF TYPE***
Sponsoring Organization _____

Trip Coordinator_____ Phone (O)_____ (H)_____

Destination(s) _____
*(If multiple destinations, please attach a trip itinerary)*

Purpose of Trip_____

Date(s): From _____ To_____

Transportation [ ] airline/bus/train (carrier _____)
[ ] By university vehicle
[ ] By university rented vehicle
[ ] By personal vehicle (license plate number _____, state_____)
[ ] Other

Date and time of departure_____

Date and estimated time of arrival at destination_____

Name of Driver(s)_____ Name of Alternate Driver(s)_____

DL #(s)_____ DL #(s)_____

Lodging
Name of hotel/motel_____
*(if multiple destinations, please provide additional accommodations)*

Address_____ Phone Number_____

Address and phone number, if other than above, where you may be reached:
_____

Check all that apply: You will be accompanied by your: advisor [ ] other Midwestern Faculty/Staff member [ ]
Or Other [ ] _____

Provide information on who will be accompanying your: (if more than one person, please attach additional names.)
Name_____ MSU Phone Number_____ Home Phone _____

Are university resources being used to fund any portion of this trip? Yes [ ] No [ ]

***I CERTIFY THAT THE ORGANIZATION I REPRESENT HAS AGREED TO SPONSOR THIS TRIP AND WILL TAKE RESPONSIBILITY FOR CONDUCTING IT ACCORDING TO THE POLICIES GOVERNING SUCH MATTERS. THE SPONSORING ORGANIZATION TAKES SOLE RESPONSIBILITY FOR ALL FINANCIAL OBLIGATIONS AND FOR THE ACTIONS, ACTIVITIES, AND PRODUCTS ASSOCIATED WITH THIS TRIP, IN ADDITION, I CERTIFY THAT I WILL HAVE INFORMED(ED) OTHERS ON THE TRIP OF THE UNIVERSITY REQUIREMENTS GOVERNING STUDENT TRAVEL.***

| | | | |
|---|---|---|---|
| Sponsoring Organization President | Address | Phone | Date |
| Sponsoring Organization Advisor | Address | Phone | Date |

Date Received _____ Approval_____

# MIDWESTERN STATE UNIVERSITY

# STUDENT / GROUP TRAVEL LIST

**Please print or type**

| NAME | STUDENT ID# | RELATIONSHIP TO UNIVERSITY | ALLERGIES, ILLNESS, OR SPECIAL NEEDS | EMERGENCY CONTACT PERSON (SOMEONE NOT ON TRIP) | CONTACT PHONE NUMBER |
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