

Method of Travel:

- University Van**
- Chartered Bus (bus company: _____)**
- Rented Van (rental company: _____)**
- Flying (airline _____ flight # _____)**
- Private Vehicles - Please indicate which members will be driving**

Lodging Arrangement

- Not Applicable - No Overnight Stay**
- Hotel - Name _____ Phone _____**
Number of Rooms _____ Number of Nights _____
- Private Residence - Contact _____ Phone _____**
Contact _____ Phone _____
Contact _____ Phone _____
- Dorms - Institution _____ Phone _____**
Contact _____ Number of Nights _____

Officer's Signature:

(Signature)	(Office)	(Date)

(For Office Use Only)

Approved: Yes No Signature _____

First Aid Kit Yes No First Aid Kit # _____

Date _____