

**Registered Student Organization**

**Registration of Travel**

*Due at least two weeks prior to the date of departure  
Use Blue or Black Ink Only*

**Organization:** \_\_\_\_\_ **Departure:** \_\_\_\_\_  
(Date / Time)

**Destination(s):** \_\_\_\_\_ **Return:** \_\_\_\_\_  
(Date / Time)

**Purpose of Trip:** \_\_\_\_\_

<b>Method of Travel:</b>			
<input type="checkbox"/> <b>Personal vehicle</b>  <i>Please indicate drivers on participant roster.</i>	<input type="checkbox"/> <b>Rental vehicle</b>  _____ Company # of vehicles: _____ Vehicle type: _____  15-passenger vans are prohibited for all student organization travel	<input type="checkbox"/> <b>Charter bus or BGSU shuttle</b>  _____ Company  _____ Rental ID#  Lakefront Lines is the only University approved charter bus provider.	<input type="checkbox"/> <b>Airplane</b>  _____ Airline  _____ Departing Flight #  _____ Returning Flight #

**This trip includes an overnight stay.**

*Please provide accommodation details and a complete rooming list on bottom of page 2.*

**Trip Coordinator:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_@bgsu.edu

**Cell phone during trip:** \_\_\_\_\_ *At least one trained advisor or trip coordinator is required per trip.*

Signing below indicates approval of trip details and the attached participant roster.

\_\_\_\_\_  
President or trip  
coordinator Signature

\_\_\_\_\_  
Faculty/Staff Advisor Signature

Office Use Only:		
Organization Services Graduate Assistant	Kelly Jo Larsen Coordinator for Student Organizations	Jodi Webb Senior Associate Dean of Students

