

University of New England

Off-Campus Trip Itinerary & Roster

Club/Organization: _____

Destination (exact address if possible): _____

Phone number at destination: _____

Date of departure: _____ Time of departure: _____

Date of return: _____ Time of return: _____

Please note that you should contact the Student Affairs Staff Member who advised you on your trip upon BOTH departure and return.

Transportation used*: _____

If a UNE vehicle is being used, who will be the UNE-Certified Driver? _____

*Please note that if you are not using a UNE vehicle for this trip, the trip participants must understand that the University bears no responsibility for their safety in transit to the trip destination and that the activity or event officially starts when the participants arrive at the event.

Trip Leaders for this event (Name, PRN and Cell phone #'s if available):

Faculty/Staff Advisor Name and Department: _____

Will the advisor be present on this trip? Yes _____ No _____

Faculty/Staff Advisor cell phone # if available: _____

Students on this trip:

