



TRIP FORM

**To be approved by and held in file with Brevard College Department.*

Leadership Information:		
Group Name:		
Brevard College Department:		
Trip Leader:		
Trip Leader Phone #:		
Assistant Leader/s:		
Assistant Leader/s Phone #:		
Approved Drivers:		
Trip Information:		
Dates of Travel:		
Destination:		
Purpose of Travel:		
Group Information:		
Students Traveling with Group:		
Additional Faculty/Staff Traveling with Group :		
Transportation Plan:		
BC Vehicle Description:		
Rental Vehicle Description:		
Make/Model/Year:		
Flight Information:		
Other Information:		
Accommodations Plan:		
Name/Location of Accommodations		
Telephone# of Accommodations:		
Dates of Overnight Stay:		
*Department Approval:		
Department Head Name & Signature:		Date Approved:

By signing below, I acknowledge that I have read and understand the Brevard College Vehicle Travel Policy. I also agree to adhere to and that it is my responsibility that all participants adhere to all items stipulated in this policy as well as other policies in the Brevard College Student Handbook/Brevard College Faculty Handbook.

Printed Name/Signature of Trip Leader: _____ **Date:** _____

