



Itinerary Form

Complete this form and submit to your CSC Staff Advisor 3 weeks before your scheduled trip. If your itinerary or attendee list changes, you must notify your CSC Staff Advisor immediately. **Note:** *the person submitting this form is the main point of contact during this trip.*

Date: _____

Name: _____ Email address: _____

JHED ID: _____ Date of birth: _____

Home address: _____

(Street) (City) (State) (Zip)

Home phone: _____ Alternate phone: _____

Student Group Name: _____

Purpose of Trip: _____

List of Activities Planned: _____

Date Leaving: _____ Time Leaving: _____

Date Returning: _____ Time Returning: _____

Name of Location (where you will be staying – hotel, campsite, etc.): _____



Address of Location: _____
(Street) (City) (State) (Zip)

Phone of Location: _____

Transportation Method: (check all that apply)
(The CSC strongly discourages the use of Personal Vehicles(s))

JHU Van
Name(s) of drivers: _____

Rental Vehicle(s)
Name(s) of drivers: _____

Other (explain): _____

Additional details, comments, etc.:

Staff Members Attending the Trip (if applicable):

Name: _____ Phone: _____

Department: _____

Name: _____ Phone: _____

Department: _____

Name: _____ Phone: _____

Department: _____

List ALL Students Attending the Trip: (use additional paper if necessary)

1) Name: _____ Email address: _____



JHED ID: _____ Phone: _____

Student Leader (circle): Yes No

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Date submitted emergency/medical form:

2) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes No

For office use only

Date submitted emergency/medical form:

3) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes No

For office use only

Date submitted emergency/medical form:

4) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes No

For office use only

Date submitted emergency/medical form:

5) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes No

For office use only

Date submitted emergency/medical form:

6) Name: _____ Email address: _____



JHED ID: _____ Phone: _____

Student Leader (circle): Yes NO

For office use only

Date submitted emergency/medical form:

7) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes NO

For office use only

Date submitted emergency/medical form:

8) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes NO

For office use only

Date submitted emergency/medical form:

9) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes NO

For office use only

Date submitted emergency/medical form:

10) Name: _____ Email address: _____

JHED ID: _____ Phone: _____

Student Leader (circle): Yes NO

For office use only

Date submitted emergency/medical form: