



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.*

Student Group/Program Name:
CSC Student Group Advisor Name:
Date Completed:

LEADER INFORMATION			
First & Last Name		JHED ID	
Email Address:			
Primary Phone:		Alternate Phone:	
Gender:		Date of Birth:	
Address:		City, State Zip:	

TRIP INFORMATION			
Purpose of Trip:			
List of Planned Activities			
Date Leaving:		Departure Time:	
Date Returning:		Returning Time:	
Name of Location (where you will be staying – hotel, campsite, etc):			
Location Address:		City, State Zip	
Primary Phone:		Alternate Phone:	

Transportation Method:

<input type="checkbox"/> JHU Van	List Names of Drivers:		
<input type="checkbox"/> Rental Vehicle	List Names of Drivers:		
<input type="checkbox"/> Airplane	Name of Airline:	Flight Number:	Departure & Return Flight Time:
<input type="checkbox"/> Train	Name of Company:	Departure & Return Time:	
<input type="checkbox"/> Other (explain):			
Additional details, comments, etc.:			

STAFF/ADVISOR/COMMUNITY PARTNER MEMBER ATTENDING TRIP (IF APPLICABLE):

Name:		Primary Phone:		Department Name:	
Name:		Primary Phone:		Department Name:	
Name:		Primary Phone:		Department Name:	

