

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. <u>Note:</u> 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									
	ATION								
	& Last Name				JH	ED ID			
Email Address:									
Primary Phone:					Alternate Phone:				
Gender:				Date of Birth:					
Address:				Cit	City, State Zip:				
TRIP INFORMATION									
Purpose of Trip:									
List of Planned Activ	rities								
Date Leaving:	eaving:				De	parture Time:			
Date Returning:	teturning:			Re	Returning Time:				
Name of Location (w	here you wi	ll be staying – ho	otel, cam	psite, etc	e:				
Location Address:					City, State Zip				
Primary Phone:	mary Phone:			Alternate Phone:					
Transportation Method:									
☐ JHU Van	List N	lames of Drivers:	:						
☐ Rental Vehic	Rental Vehicle List Names of Drivers:								
☐ Airplane	Airplane Name of Airline: Flight I			Flight N	Vuml	umber: Departure & Return Flight Time:			
☐ Train Name of Company: Depar		Departu	ıre &	Return Time:	Keturn Ping	iii iiiie.			
☐ Other (expla	nin):								
Additional details, comments, etc.:									
STAFF/ADVISOR/COMMUNITY PARTNER MEMBER ATTENDING TRIP (IF APPLICABLE):									
Name: Primary Phone:						Department	Name:		
Name:	Name: Primary Phone:		hone:			Department	Name:		
Name:	·		hone:			Department	Name:		

Itinerary Form

List All JHU Students	Attending Trip (use additional paper if necessary)	
Name:	JHU Email Address:	Primary Phone:
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