

Travel Registration

All information is required in order to register a trip outside of the New Orleans Metro area.

Contact Information

Sponsoring Organization: _____ Today's Date: _____

Purpose of Travel: _____

Name: _____ Phone: _____

Local Address: _____ Email: _____

Trip Information

Destination: _____

Hotel Name: _____ Hotel Phone: _____

Travel Itinerary

(copies of tickets or contracts may be substituted)

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Plane Airline: _____

Departing Flight Number(s): _____ Return Flight Number(s): _____

Chartered/Commercial Bus Company: _____

Departing Bus Number(s): _____ Return Bus Number(s): _____

Automobile Owner's Name: _____

School Bus Driver's Name and Parish: _____

Train Company: _____

Departing Train Number(s): _____ Return Train Number(s): _____

Policy Acknowledgement

My signature affirms that I have read, understood, and will abide by the policies and procedures governing students, student organizations, university events and activities as promulgated in the Loyola University New Orleans Student Handbook. All members of the Loyola community are expected to comply with the oral and written instructions of a university official acting within the scope of his or her duties in a crisis or emergency situation. Students shall be responsible for any emergency medical care costs.

Signature

Date

Return to Jill Styx, Assistant Director for Student Activities

_____ Registered	
_____ Denied because: _____	
_____ Asst. Director for Student Activities	Date _____
	revised 4/02

Traveler Information

Each traveler is required to submit this information!

Name: _____ SSN: _____

Local Phone: _____ Cell Phone: _____ Email: _____

Local Address: _____

Known medical issues and/or allergies to medicine: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (Home): _____ Phone (Work): _____ Cell Phone: _____

Address: _____

Name: _____ SSN: _____

Local Phone: _____ Cell Phone: _____ Email: _____

Local Address: _____

Known medical issues and/or allergies to medicine: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (Home): _____ Phone (Work): _____ Cell Phone: _____

Address: _____

Name: _____ SSN: _____

Local Phone: _____ Cell Phone: _____ Email: _____

Local Address: _____

Known medical issues and/or allergies to medicine: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (Home): _____ Phone (Work): _____ Cell Phone: _____

Address: _____