



### Trip Itinerary

Name of Organization: \_\_\_\_\_

Departure Date (from TSC): \_\_\_\_\_ Time: \_\_\_\_\_

Return Date (to TSC): \_\_\_\_\_ Time: \_\_\_\_\_

Mode of Transportation:            Automobile            Airline            Other:

Name of advisors or staff members accompanying students:

1 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Destination 1: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_ through \_\_\_\_\_

Hotel: \_\_\_\_\_ Hotel Telephone: \_\_\_\_\_

Destination 2: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_ through \_\_\_\_\_

Hotel: \_\_\_\_\_ Hotel Telephone: \_\_\_\_\_

Additional Information:

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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_