

# Oklahoma City University Group Travel Form

Advisors, complete this form and submit to the **Oklahoma City University Police Department**, and the **Involved Center** five days (5) prior to travel. Failure to thoroughly complete this document can lead to the cancellation of the trip or other disciplinary actions.

## Itinerary & Travel Information

<b>Type of Trip:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Greek Activity <input type="checkbox"/> Student Activity <input type="checkbox"/> Other:	
<b>Itinerary- If you are traveling to several destinations, attach a comprehensive itinerary with the below information.</b>	
Destination: _____	
Departure Date <input type="text"/> /____/____    Approximate time of departure: _____ a.m./ p.m. (local time)	
Return Date <input type="text"/> /____/____    Approximate time of arrival: _____ a.m./ p.m. (local time)	
Mode of Transportation:	
<input type="checkbox"/> Non-OCU Bus    Name of Company _____	
<i>Adequate insurance coverage for personal injury and property damage must be provided by the bus company. If the company carries less than five (5) million dollars per occurrence, the Risk Management Department (405-208-5029) must be consulted to determine if a lower coverage amount is acceptable.</i>	
<input type="checkbox"/> Rental Car    Name of Rental Company _____	
<i>If rented with University funds, only approved university vehicle operators can drive; all terms of the rental contract must be in compliance. The University prohibits departments or employees from renting 15 passenger vans for University Travel.</i>	
<input type="checkbox"/> Airplane    Name of Airline _____ Flight # _____	
<input type="checkbox"/> Other: _____	
Lodging Name: _____ Lodging Address _____	
Lodging Phone Number: _____	

## Faculty/Staff Sponsor(s) Emergency Contact Information

Name of Sponsor	Mobile Number	Emergency Contact Person Name & Phone Number
1.		
2.		
3.		
4.		

## Participants Emergency Contact Information

Participant's Name	Waiver Y/N	Banner ID#	Emergency Contact Name/Relationship	Phone #	Alternate Person	Phone #
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