## Lake-Sumter Community College STUDENT LIFE OFFICE Group Travel Form

Group:		Advisor:		
Event Attending:		Purpose:		
Date:		Location:		
Accommodation Details				
Hotel	Ph	one Contact		
Address				
City	State	Zip		
Travel Details				
Mode of Transportation:				
Departure Location:		Date:	Time:	
Return Location:		Date:	Time:	
Please list the following  Student Name	Emergency Contact	Relationship	Phone #	Participant Release Completed
Advisor's Signature		n	nte	

Please return to the Student Life Office prior to trip departure.