

## Student Organization Travel Agreement This form is required for any student organization travel that involves an overnight stay.

TRAVEL DESTINATION:			
DATES OF TRAVEL:			
ORGANIZATION NAME:			
Name:			
CCU Student ID:			
Cell Phone:	Email:	@coastal.edu	
<b>Emergency Contact:</b>			
Name (Last, First):			
Phone:			
Relationship:			
Agreement to Terms of Particip	ation		
result in corrective action, up to an	nd including conditional pe	of travel listed above. Failure to meet the following of probation or repayment of all trip expe	enses.
University, I understand that I must	st meet certain standards.	(Student Organization) at Coasta I,, a duct. I understand that failure to do so may res	gree that I will
1 <b>I UNDERSTAND</b> that it locations.	f traveling by bus or airplan	ne, I am responsible for arriving at designated of	departure
		positive manner in everything I do and say dur will abstain from alcohol no matter my age.	
3 <b>I UNDERSTAND</b> that and the honor code.	I must adhere to the studen	t code of conduct, student organization guideli	nes, local laws
		r each clause in this contract. If I do not adhere uding but not limited to the conduct process, w	
Student Signature:		Date:	