The Student Association

SUNY New Paltz
Travel Roster

As an organization recognized by the Student Association, you automatically receive SA insurance. As such, the Student Association requests knowledge of who in your organization is traveling. We request this information for your safety. **This form will be due no later than 24 hours prior to your departure** from the SUNY New Paltz campus. Without the submission of this form your organization will not be reimbursed for the trip.

Format dates as follows: 12 / 15 / 2011 for December 15, 2011

Date Submitted: ____ / _____ / _____ Date of Event: _____ / _____ / _____

Organization Name: _____

Location of Event: _____

Departure from New Paltz Campus: _____

Expected Return back to New Paltz: _____

Will anyone else be traveling with you? Who? _____

Student Name	Banner #	Phone #	Emergency Contact Name	Emergency Contact Phone #	Emergency Contact Relation

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