

**Saint Joseph's College of Maine**  
**Trip Registration Form**

Name of Student Organization/Group: \_\_\_\_\_

Club Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Participating Advisor (staff/faculty): \_\_\_\_\_ Phone: \_\_\_\_\_

Where are you going? \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Method of Transportation (please list van / bus / car, etc): \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Names of all those participating on trip (attach separate sheet if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who will have a cell phone for emergencies? \_\_\_\_\_

Cell Phone Number: ( ) - \_\_\_\_\_

Other special requirements/conditions: \_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trip Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean / Assoc. Dean of Students:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Copies: Office of Student Affairs  
Trip Leader  
Security (for overnight trips)