

## Registered Student Organization Off-Campus Event Form

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

X Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Location/ Destination: \_\_\_\_\_

Time Leaving Campus: \_\_\_\_\_ Time Returning to Campus: \_\_\_\_\_

Advisor Traveling with Group: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mode of Transportation: ☐ WCC Van Needed ☐ Public Transportation ☐ Providing Own Transportation

Please Describe the Event. **Items to include: purpose, general breakdown or agenda, etc.**

### Event Risks *(check any that apply)*

- ☐ Controversial topic
- ☐ Injuries (higher probability such as recreational events)
- ☐ Minors will be present
- ☐ Non-WCC attendees
- ☐ Attendee health issues
- ☐ Overnight travel/stays
- ☐ Other: \_\_\_\_\_

Note: All travel comes with risks. Emergency plans should be discussed, emergency contact information should be gathered, and expectations/ consequences for behavior should be discussed. Any Waubonsee sanctioned event must follow all WCC travel procedures and the Waubonsee Code of Conduct, including no alcohol or other drugs, regardless of location or age.

**Names of Students Authorized to Travel**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

13. \_\_\_\_\_
14. \_\_\_\_\_

If more than 14 students will be traveling on a WCC Van, a second advisor must be present and a second van should be requested.

15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**INDIVIDUAL TRAVEL FORMS ARE DUE TO STUDENT LIFE  
3 BUSINESS DAYS PRIOR TO THE EVENT.**

**Due Date:** \_\_\_\_\_

**Purchase Needs** *(check any that apply)*

☐ Pre-purchase of items through Student Life

List needs here:

\_\_\_\_\_  
Student Submitting Form Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

☐ Approved ☐ Denied

\_\_\_\_\_  
Student Life Manager Signature

\_\_\_\_\_  
Date

☐ Approved ☐ Denied

\_\_\_\_\_  
Dean for Students Signature

\_\_\_\_\_  
Date

**Office Use Only:**

☐ Travel Encumbrance Submitted

E-Number: \_\_\_\_\_

☐ Student Participant Forms Submitted