



TRIP EMERGENCY INFORMATION
MP Form #3

Event _____ Location _____

CAC Staff in charge _____ Cell Phone _____

Other Staff _____ Cell Phone _____

Other Staff _____ Cell Phone _____

Destination Address _____ Phone _____

Estimated campus departure date _____ time _____

If road trip, any planned deviations from most direct route, leaving or returning, must be listed below:

Estimated campus arrival date _____ time _____

Will everyone be traveling together on this trip? Circle Yes or No

Hotel Information: _____

If traveling by air, provide both outgoing and incoming flight numbers, airlines, and arrival/departure times (scheduled).

Outgoing:

Airline _____ Flight # _____ Destination _____ Departure time _____

Airline _____ Flight # _____ Destination _____ Departure time _____

Incoming:

Airline _____ Flight # _____ Destination _____ Departure time _____

Airline _____ Flight # _____ Destination _____ Departure time _____

Please include all participants' additional flight information, charter bus information, or other means of transportation being taken with appropriate flight numbers, arrival and departure times, etc.

Additional Information: _____

Printed Name of Director/Head of Dept. _____

Signature _____

Date _____

DO NOT WRITE BELOW THIS BOX

CACPD personnel will check this form, and travel package, to ensure completeness, before allowing the person turning in the forms to leave. Verification shall be made that every person traveling has completed a package and it is included.

Package checked by: _____
Name

Signature

Date

