PALM BEACH STATE COLLEGE

Student Activities & Clubs
Student Off-Campus Travel Roster

Responsible Advisor _____

Activity/Trip Title _____

Club or Sponsoring Organization _____

Destination _____

Departure Campus _____

Date(s) of Travel _____

Student Name	Student ID#	Date of Birth	Gender	Emergency Contact Name and Phone #

A copy of this roster must be attached to all College Vehicle Reservation requests. E-mail a copy to Mikel Kline at klinem@palmbeachstate.edu for insurance purposes.

Vehicle Reservation # _____