

PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS

<b>NAME OF CLUB/SOCIETY:</b>	
<b>NAME(S) OF OFFICER(S) IN CHARGE OF TRIP</b>	
NAME:	POSITION:
MOBILE PHONE NO:	
NAME:	POSITION:
MOBILE PHONE NO:	
<b>TRIP LOCATION DETAILS</b>	
ARRIVAL DATE:	DEPARTURE DATE:
DESTINATION ADDRESS:	
PHONE:	
IF CAMPING, GIVE SITE DETAILS AND ADDRESS:	
PHONE:	
<b>TRANSPORT AND PERSONS</b>	
STUDENT CENTRAL MPV OR HIRED VEHICLE:	
IF HIRED, NAME OF COMPANY:	
TELEPHONE N° OF COMPANY:	
DRIVER/S NAME/S:	
NUMBER OF PERSONS ON TRIP:	
<b>DETAILS OF ALL PERSONS ON TRIP TO BE COMPLETED OVERLEAF</b>	
<b>THIS FORM IS TO BE FULLY COMPLETED ON BOTH SIDES AND RETURNED TO THE ACTIVITIES DEVELOPMENT OFFICER BEFORE THE COMMENCEMENT OF THE TRIP</b>	

# STUDENT CENTRAL

## NAMES OF PERSONS ATTENDING TRIP

NAME	STUDENT CENTRAL CARD NUMBER	ULU MEMBER: FULL OR ASSOCIATE	ICE (IN CASE OF EMERGENCY) CONTACT PHONE NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

### PLEASE NOTE:

IF THERE ARE ANY MEMBERS ON THE TRIP WHO ARE NOT REGISTERED MEMBERS OF THE CLUB/SOCIETY PLEASE LIST THEM ON A SEPARATE SHEET OF PAPER TOGETHER WITH THE NAME AND TELEPHONE NUMBER OF A PERSON TO CONTACT IN CASE OF EMERGENCY