



## Office of Student Development Club/Organization Travel Packet

***YOUR CLUB/ORGANIZATION MUST BE REGISTERED IN  
OSPREY HUB PRIOR TO TRAVEL!***

### *Travel Checklist*

*Please allow 6-8 weeks to process travel requests.*

- Consult with your Club/Organization’s Student Development Advisor as a part of the planning process. **They must sign below.**
- Consult with the faculty/staff advisor that will be attending your trip. **They must sign below.**
- Complete Travel Funds Worksheet.
- Complete Extra Curricular Travel Form.  
*The Trip Coordinator and Attending Advisor should maintain copies.*
- Have all participants complete and sign the Waiver for Participation  
*Students who are not yet 18 years of age must have a parent/guardian sign a waiver prior to participating in trip/activity.*
- Complete Transportation Reservation Form (*if applicable*).
- Obtain the Off Campus Travel Emergency Guide.

**Once you submit your paperwork, you must follow up with your Student Development advisor to coordinate payment for all of your expenses.**

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### ***For Your Information!***

- *A faculty/staff advisor is required to attend all trips unless other arrangements have been approved by the Director of Student Development.*
- *The Trip Coordinator must meet with members participating to explain the trip details and communicate that all persons traveling will be subject to the policies of the college and are to conduct themselves in accordance with the Campus Code of Conduct.*

**Student Development Advisor Signature:** \_\_\_\_\_

**Attending Faculty/Staff Advisor:** \_\_\_\_\_

**Attending Advisor Signature:** \_\_\_\_\_

*For any additional questions or concerns, see **Renee Tolliver** in the Student Development Resource Room or contact your club/organization’s Student Development advisor.*

**OFFICE OF STUDENT DEVELOPMENT**  
**Travel Funds Worksheet**

ORGANIZATION \_\_\_\_\_ DESTINATION \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_ APPROX. ATTENDANCE \_\_\_\_\_

TRIP COORDINATOR \_\_\_\_\_ CONTACT INFORMATION \_\_\_\_\_

FACULTY/STAFF MEMBER ATTENDING \_\_\_\_\_

**TRANSPORTATION EXPENSES:**

*The college discourages the use of personal vehicles for student travel.*

Charter Bus or Stockton Shuttle ..... \$ \_\_\_\_\_

Tolls and Parking Fees: ..... \$ \_\_\_\_\_

**AIRFARE:**

Number of travelers \_\_\_\_\_ x cost per ticket \$ \_\_\_\_\_ \$ \_\_\_\_\_

Airport/Hotel Shuttle Service: ..... \$ \_\_\_\_\_

**REGISTRATION/ENTRY FEES:**

Number of Students \_\_\_\_\_ x cost per student \$ \_\_\_\_\_

Number of Students \_\_\_\_\_ x cost per student \$ \_\_\_\_\_ **Total \$** \_\_\_\_\_

**MEAL EXPENSES:**

*Do not calculate meals that are included in the cost of registration.*

Breakfast(s) @ \$ \_\_\_\_\_ for \_\_\_ travelers = \$ \_\_\_\_\_

Lunch(s) @ \$ \_\_\_\_\_ for \_\_\_ travelers = \$ \_\_\_\_\_

Dinner(s) @ \$ \_\_\_\_\_ for \_\_\_ travelers = \$ \_\_\_\_\_ **Total \$** \_\_\_\_\_

**HOTEL EXPENSES:**

*Males and females are not allowed to share rooms.*

Number of rooms \_\_\_ x cost per room \$ \_\_\_\_\_ x number of nights \_\_\_\_\_

Number of rooms \_\_\_ x cost per room \$ \_\_\_\_\_ x number of nights \_\_\_\_\_

Tax \$ \_\_\_\_\_ **Total \$** \_\_\_\_\_

**MISCELLANEOUS EXPENSES:**

OTHER (explain) \_\_\_\_\_ \$ \_\_\_\_\_

OTHER (explain) \_\_\_\_\_ \$ \_\_\_\_\_

**ESTIMATED TRIP COST** ..... **Total \$** \_\_\_\_\_

***\*Attach supporting documentation for ALL funds requested.***  
***\*Submit all receipts upon return.***



**Stockton University**  
**Waiver for Participation for Persons Over 18**

**Location:** \_\_\_\_\_

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

I, \_\_\_\_\_ (print first and last name) have voluntarily requested permission to participate in the Richard Stockton College (trip) \_\_\_\_\_ on (date) \_\_\_\_\_. I have familiarized myself with the program and I believe that I am physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my participation in such event, I have advised appropriate personnel of such concerns. I am agreeing of my own free will to participate in this activity and use of any facilities or equipment associated with this event.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out my participation in this program. On behalf of myself, and any of my heirs, assigns or successors, I hereby agree to release, indemnify, defend and hold harmless Richard Stockton College of New Jersey and its, officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Richard Stockton College or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns or successors, that I am releasing Richard Stockton College of New Jersey from any liabilities in law or equity, however the liability may the arise, for any injuries, fatalities, damages, losses or expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and the Richard Stockton College of New Jersey and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), New Jersey Contractual Liability Act, (N.J.S.A. 59:13-1 et seq.); the New Jersey Charitable Immunity Act, (N.J.S.A. 2A:53A-7 et seq.) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey and venued in Atlantic County, the situs of the College. I agree that should any damages arise out of my participation in this program that I am financially responsible.

I certify that I have read this release, I am at least 18 years of age and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Z#:** \_\_\_\_\_

*By signing above, I acknowledge that if I am unable to attend this trip, I agree to reimburse Stockton the full cost of the fees paid on my behalf (except in the event of a documented medical or family emergency). Failure to reimburse Stockton as agreed may result in a hold on my academic records, prohibiting registration, release of grades, etc. until the College has received full reimbursement.*

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**Address and telephone of number of participant**

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**Name, telephone number and relationship of person traveling to notify in case of emergency**

**OFFICE OF STUDENT DEVELOPMENT**  
*Vehicle Reservation Form*

**Club/Organization:** \_\_\_\_\_

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

**Trip Coordinator:** \_\_\_\_\_

**Destination (complete address):** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_ **Pick-up Time:** \_\_\_\_\_ am pm

**Date of Return:** \_\_\_\_\_ **Drop-off Time:** \_\_\_\_\_ am pm

**Pick-up and Drop off point on campus:** \_\_\_\_\_

**Approximate number of attendees:** \_\_\_\_\_

**Stockton Shuttle at \$55 per hour**

**Chartered Bus**

**Air**

*When making flight arrangements, please note that the name given when booking must match travelers' identification.*

**Stockton Pool Vehicles**

*Drivers of Stockton pool vehicles **must** be college employees. Student employees must have "driving duties" included in their job descriptions. All drivers must submit a copy of their driver's license and complete the **ANNUAL DRIVER'S LICENSE VERIFICATION AND SELF DISCLOSURE FORM** available in the Student Development Office.*

**Number of vehicles (limit 2):**

\_\_\_\_\_ 7 passenger minivan

\_\_\_\_\_ 9 passenger Chevy Suburban

\_\_\_\_\_ 15 passenger van

*15 passenger vehicle drivers must complete an online defensive driving course that can be set up through Sandi Mintz in the Risk Management Office: [Sandi.Mintz@stockton.edu](mailto:Sandi.Mintz@stockton.edu) or 609-626-3603.*

**Driver(s):**  
*example: Renee Tolliver*

**License State**  
*NJ*

**expiration date:**  
*12/31/2020*

**Cell #:**  
*609-555-5555*

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