



OFF-CAMPUS ACTIVITIES

Name of Event and Date:

Hours of Event:

Name of Student Organization:

Specific location of Trip:

Dates/Time of Trip:

Affiliate group trip is connect
with (if applicable):

Contact name, address or
phone # or e-mail of leader of
Affiliate group (if applicable):

Travel information
(if applicable):

Contact information
(phone or e-mail) at trip
location (if applicable):

Where group will be
staying (if available):

List of SUNY students and faculty going (Add a sheet if necessary) (Have each fill out the
ASSUMPTION OF RISK FORM):