

NOTIFICATION OF OFF-CAMPUS ACTIVITY

TO: _____

FROM: _____

DATE: _____

ACTIVITY: _____

PERSON RESPONSIBLE: _____
(ex. Name of Faculty/Staff)

DESCRIPTION OF ACTIVITY: _____

DATE OF ACTIVITY: _____

(Please attach your class list or a list of all students participating, noting which driver each student will be traveling with).

1. Will a motor vehicle(s) be used in connection with this activity? _____ Yes _____ No
If so, please check all types which will be used:

- _____ Public Transportation
- _____ College vehicle(s) (including vehicle(s) owned by the Faculty Student Association)
- _____ Staff vehicle(s)
- _____ Other privately-owned vehicle(s)

2. For each privately-owned vehicle which will be used, attach a completed Driver Information Form signed by the owner/operator of each such vehicle.

3. If the activity will involve the use of something other than motor vehicles (i.e., camping or canoe equipment, etc.) please indicate what equipment, if any, owned by the College will be used in connection with the activity.

(Date)

(Responsible Employee)

I have discussed the proposed activity with the above indicated staff person.

(Date)

(Provost)