SA STUDENT ASSOCIATION
SUNY New Paltz

Student Union 428, New Paltz, NY 12561 • 845-257-3070

TRAVEL ROSTER

As an organization recognized by the Student Association, you automatically receive SA insurance. As such, the Student Association requests knowledge of who in our organization is traveling. We request this information for our safety. This form will be due no later than 24 hours prior to your departure from the SUNY New Paltz campus. Without the submission of this form your organization will not be reimbursed for the trip.

Date submitted _____

Organization name _____

Location of event _____ Date of event _____

Departure from New Paltz campus _____

Expected return back to New Paltz _____

Will anyone else be traveling with you? Who? _____

_____

STUDENT NAME	BANNER #	PHONE #	EMERGENCY CONTACT		
			NAME	PHONE #	RELATION

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