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)