



MUSKEGON COMMUNITY COLLEGE
Overnight Trip Information Sheet

Copies to: Student Life Office and Advisor

1. Sponsoring Organization: _____
2. Reason for Trip: _____
3. Advisor: _____
4. Mode of transportation: _____
5. Departure (time/date): _____
6. Return (time/date): _____
7. Estimated total mileage: _____ Location: _____
8. Routing Information: _____
9. Lodging - List all lodging locations: _____
 - a. _____

Hotel/City & State	Date	Phone
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 - b. _____

Hotel/City & State	Date	Phone
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Advisor Signature:

Name Date

