Travel Registration Form

This form is to be completed by students traveling to and from an event or activity receiving financial support from Truman State University when that activity or event requires travel outside a 20 mile radius of campus.

Date Form Submitted:		
Activity/event Description:		-
Destination: Name of sponsoring University Office or Organization:		
If you are driving or are a passenger in a private vehi	icle, read the following caref	fully.
Insurance for Truman State University liability protection is provided by the Missouri Legal Defense Fund. This fund will provide liability coverage for drivers and passengers in University vehicles while on University business. It may not, however, provide coverage for passengers and drivers in private vehicles. You will be responsible for checking with your own insurance provider to make sure you have adequate insurance coverage for traveling to and from this event/activity.		
If you are a passenger, complete this section:		
If you are planning to be a passenger in a private vehicle Name:		nation:
Truman Address:		
Truman Telephone: In case of an emergency contact:		
Name:		
Address:		
Telephone:		
Driver of the car in which you will be a passenger:		
If you are driving a private vehicle, complete this sect	tion:	
Name:		
Truman Address:		
Truman Telephone:		
In case of an emergency contact: Name:		
Address:		
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Telephone:		
Year and make of vehicle:		
Owner of vehicle:		
Car License: State Number		
Attach a copy of your operators license and proof of insurance to this form.		
All information above is accurate to the best of my knowledge. I understand the responsibilities and risks involved in traveling to participate in this event/activity. I pledge to exercise appropriate care and prudence in managing those risk and to obey all traffic and other laws relevant to safe travel.		
Signature	Date	_