



Student Activities Travel Report

This form is to be filled out by a chaperone following any Student Organization Travel. Please complete and return this form to Student Activities, FAC SP1 Room 100 or email it to studentactivities@germanna.edu. Thank you.

Name: _____ Department: _____
Email: _____ Phone #: _____
Advisor: Yes _____ No _____ Employee: Staff: _____ Faculty: _____

Trip Information

Date of Trip: _____ Leave Time: _____ Destination: _____
Return Time: _____

Brief Description of Trip:

What transportation did you use?

____ GCC Vehicle ____ Personal Vehicle ____ Charter Bus ____ Flight

How many people were on this trip?

____ Students ____ GCC Staff/Faculty ____ Chaperone/Non-GCC Attendee

On a scale of 1 to 5 (one being worst and 5 being best) how would you rate the trip?

1 2 3 4 5

Please explain your rating (too long, too short, staff, bus driver, etc.):

Would you recommend this trip again ____ Yes ____ No (why or why not?)
