

PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS

NAME OF CLUB/SOCIETY:	
NAME(S) OF OFFICER(S) IN CHARGE OF TRIP	
NAME:	POSITION:
MOBILE PHONE NO:	
NAME:	POSITION:
MOBILE PHONE NO:	
TRIP LOCATION DETAILS	
ARRIVAL DATE:	DEPARTURE DATE:
DESTINATION ADDRESS:	
PHONE:	
IF CAMPING, GIVE SITE DETAILS AND ADDRESS:	
PHONE:	
TRANSPORT AND PERSONS	
ULU PEOPLE CARRIER OR HIRED VEHICLE:	
IF HIRED, NAME OF COMPANY:	
TELEPHONE N° OF COMPANY:	
DRIVER/S NAME/S:	
NUMBER OF PERSONS ON TRIP:	
DETAILS OF ALL PERSONS ON TRIP TO BE COMPLETED OVERLEAF	
THIS FORM IS TO BE FULLY COMPLETED ON BOTH SIDES AND RETURNED TO THE ACTIVITIES DEVELOPMENT OFFICER BEFORE THE COMMENCEMENT OF THE TRIP	

NAMES OF PERSONS ATTENDING TRIP

NAME	ULU CARD NUMBER	ULU MEMBER: FULL OR ASSOCIATE	CONTACT PHONE NUMBER IN CASE OF EMERGENCY
1			
2			
3			
4			
5			
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20			

PLEASE NOTE:

IF THERE ARE ANY MEMBERS ON THE TRIP WHO ARE NOT REGISTERED MEMBERS OF THE CLUB/SOCIETY PLEASE LIST THEM ON A SEPARATE SHEET OF PAPER TOGETHER WITH THE NAME AND TELEPHONE NUMBER OF A PERSON TO CONTACT IN CASE OF EMERGENCY