

Winthrop University
College of Visual and Performing Arts
DEPARTMENT OF MUSIC

Request for Off-Campus Student Activity
Tours / Performances / Clinics

¹Today's Date _____

¹This form should be completed at least **ONE MONTH** prior to the proposed event date.

Name of Ensemble/Group _____

²Instructor _____ Total Number of Personnel (include instructor) _____

²Instructor(s) will need to complete a separate Travel Authorization form for this event as well as have each student attending the off-campus activity complete an Assumption of Risk form; attach list of all student names and Winthrop ID's attending the trip; all forms will need to be submitted to the Music Office at least TWO WEEKS prior to the event date.

Activity (check): _____ Ensemble Tour _____ Ensemble Performance
 _____ ³Attend Master Class _____ ³Class/Activity Observation
 _____ ³Other

³Additional Information _____

⁴Destination _____

⁴If this is a tour or a trip requiring multiple stops, please attach a proposed/actual itinerary.

Date(s) of Activity _____

Departure Date/Exact Time _____ Return Date/Exact Time _____

Mode of Transportation:

_____ **Personal Car** (Students riding in personal cars ARE NOT covered by the Winthrop University trip insurance.)

_____ ⁵**Van:** _____ 7 passenger _____ 12 passenger _____ 15 passenger

⁵Student drivers must be at least 26 years of age - names of drivers and a copy of their driver's license must be given to Music Office at least TWO WEEKS in advance of the trip.

_____ ⁶**Tour Bus:** _____ 46 passenger _____ 57 passenger

⁶Tour buses must be ordered WELL in advance of the proposed trip. Itinerary must be solidified before buses can be engaged.

_____ **Other/Additional Vehicles** _____

Meals:

_____ **None will be needed** _____ **Provided by Course Fees** _____ **Provided by Sponsor/Outside Group**
_____ **Other (explain)** _____

Housing (number of males/females, how many rooms) _____

Requested by _____ Approved by _____

Lorrie Crochet, Department Chair