

Winthrop University
College of Visual and Performing Arts
DEPARTMENT OF MUSIC

Request for Off-Campus Activity
Tours / Performances / Clinics

*Today's Date _____

*This form should be completed at least 4-6 weeks prior to the proposed event date.]

Name of Ensemble/Group _____

Director _____ Number of Students [+ director(s)] _____

[Directors will need to submit an appropriate travel request form for this event.]

Activity: ___ Ensemble Tour ___ Ensemble Performance
 ___ *Attend Master Class ___ *Class/Activity Observation
 ___ *Other _____

*Description _____

Itinerary _____

Does the itinerary include a performance(s) in a religious service? ___ *Yes ___ No

*If so, each student needs to have a signed consent form on file. Students who request not to participate in such a performance(s) are to be excused without penalty. Forms are available in the Music Office.

Date(s) of Activity _____

Departure Date/Time _____ Return Date/Time _____

Transportation:

___ Personal Car (Students in personal cars ARE NOT covered by our trip insurance.)
___ *Van: ___ 7 passenger ___ 15 passenger (*student drivers must be 22)
___ Tour Bus (46 or 54 passenger)

Other Expenses _____

Requested by _____ Approved by _____