

Hope College Group International Travel Plan Form

(To be completed by faculty/staff in charge of trip)

Your Name _____

phone _____

Organization/class name _____

e-mail _____

Student Trip Leaders _____

Destination _____

(city & country)

Date Leaving United States _____

Date Returning to United States _____

Itinerary: (list any other city/country you may be visiting on this trip before returning to U.S.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Estimated number of students attending: _____

Describe housing & food accommodation students will have: _____

List activities students will be involved in: _____

(To be completed by health clinic staff)

Group Appointment Date & Time _____ Group # _____

Vaccinations Required:

Anti-malaria treatment:

None Aralen # _____ Malarone # _____ Lariam # _____ Doxy # _____

Referral needed to: _____ For: _____