



Pacific Undergraduate Community Council

**PUCC
Club/Organization
Trip Policy**

*(applies to trips exceeding 100 miles in one-way travel distance)

Club Name _____
President _____ Email _____
Advisor _____ Email _____

Trip destination _____ Miles from PU _____
Trip dates _____ to _____

We, the members of _____ agree to fully comply with PUCC's policy
(club name here)

And display current and valid information in regards to the driver(s)' vehicle and insurance information.

Driver (1) name _____ Email _____
DL # _____ State Issued _____ Expiration date _____
Class _____ Restrictions? Y/N If yes, please address restriction(s)
here _____

I, _____, the trip driver (1) have provided a photocopy of my vehicle insurance and vehicle registration forms. **(Please attach to this sheet).*

Note: If driving a Pacific University van/mini bus, drivers must have completed appropriate certifications facilitated by the University. **Driver (1) Initial: _____*

Driver (2) name _____ Email _____
DL # _____ State Issued _____ Expiration date _____
Class _____ Restrictions? Y/N If yes, please address restriction(s)
here _____

I, _____, the trip driver (2) have provided a photocopy of my vehicle insurance and vehicle registration forms. **(Please attach to this sheet).*

Note: If driving a Pacific University van/mini bus, drivers must have completed appropriate certifications facilitated by the University. **Driver (2) Initial: _____*

Driver (3) name _____ Email _____
DL # _____ State Issued _____ Expiration date _____
Class _____ Restrictions? Y/N If yes, please address restriction(s)
here _____

I, _____, the trip driver (3) have provided a photocopy of my vehicle insurance and vehicle registration forms. **(Please attach to this sheet).*

Note: If driving a Pacific University van/mini bus, drivers must have completed appropriate certifications facilitated by the University. **Driver (3) Initial: _____*

Driver (4) name _____ Email _____
DL # _____ State Issued _____ Expiration date _____
Class _____ Restrictions? Y/N If yes, please address restriction(s)
here _____

I, _____, the trip driver (4) have provided a photocopy of my vehicle insurance and vehicle registration forms. **(Please attach to this sheet).*

Note: If driving a Pacific University van/mini bus, drivers must have completed appropriate certifications facilitated by the University. **Driver (4) Initial: _____*

ADVISOR:

I have been notified of the trip itinerary and its proposed dates and verify the drivers chosen.

Signature _____

******If there are more than 4 trip drivers, please provide their additional information. ******