## Office of Student Life-Student Activities

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## **Trip Itinerary**

Name of Organization:				
Departure Date (from TSC):		Time:		
Return Date (to TSC):		Time: _		
Mode of Transportation:	Automobile	Airline	Other:	
Name of advisors or staff members	accompanying	students:		
1		Cell Phone: _		
2				
3				
4				
Destination 1:				
Dates of Stay:				
Destination 2:				
Dates of Stay:		through		
Hotel:		Hotel Telephone:		
Additional Information:				