

**Participating in a Trip
Required for Within US and for Foreign Travel
Insurance Information Form**

Location of Trip: from Des Moines to _____

Brief description of trip purpose:

Number of Days: Departure Date: _____

Return Date: _____

Total Number of Days of Trip: _____

Method of Travel: _____
(Driver's license checks are required on all drivers)

If other than Commercial airlines, specific stipulations apply for Drake's insurance to cover the trip. Please call: 515-271-3116.

List who will travel on the trip and if student, faculty or other: (the participant must be a student or faculty for Drake's insurance to apply.)

Emergency Name and Contact Number:

("X" below; specify "Other")

Name	Student	Faculty	Other:
EXAMPLE: John Brown Or Attach a Class Roster			X Bus Driver

