

**C&S Events Form**

**Trip Registration and Activity Form**

| Club/ Society Information  |
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| **Club/ Society Name**  |  |
| **Club/ Society Event / Trip** |  |
| **Description of Event**  |  |
| **Date(s) of Event**  |  |
| **Club/ Society Primary Organiser**  |  |
| **Club/ Society Contact Number** |  |
| **Club/ Society Contact Email** |  |
| **Number in Attendance / Travelling** |  |
| **Number of First Years**  |  |
| **Number Under 18** (Must be 0 for Society foreign trips) |  |

| Club/ Society Main Group Leaders  |
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| **First Name** | **Last Name**  | **Address**  | **Email**  | **Phone Number**  | **Committee** **Position**  |
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| Important Contact Information * Must include Society/ Club Group Leaders
* Must include Hotel / Hostel
* Must include Irish Embassy at Destination
* Must include all known details of activity location(s) e.g Group activities and Restaurants
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| **Name**  | **Contact Number**  | **Address**  |
| **Clubs and Socs**  | 00353-1-700-8436 | DCU |
| **DCU Security 24/7**  | 00353-1-700-8990 | DCU |
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| Summary Dates & Times  |
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| **Key Points** | **Destination** | **Time** | **Date**  | **Flight Number** **(if applicable)** |
| **Depart**  | **DCU** |  |  |  |
| **Arrive at Destination**  |  |  |  |  |
| **Depart Destination**  |  |  |  |  |
| **Return** | **DCU** |  |  |  |

| Transport  |
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| **Type**  | **Company**  | **Contact Number**  | **Details**  |
| **Coach/ Mini Bus** |  |  |  |
| **Private Car**  |  |  |  |
| **Train**  |  |  |  |
| **Other:** |  |  |  |
| **Type** | **Airline**  | **Flight Number(s)** | **Details**  |
| **Flight** |  |  |  |

| Student & Next of Kin Information |
| --- |
| **Name**  | **Trained in First Aid** **(Yes/No)**  | **Student Number**  | **Phone Number** | **Name of Next of Kin**  | **Next of Kin** **Emergency Contact Number**  | **First Year****(Yes/NO)** |
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|  Activities and Daily Itinerary * Please fill out in chronological order
* Include all planned activities
* Include all known Locations and Addresses
* Include any additional known cost in the “Additional Information” section .e.g Public Transport
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| **Date** | **Start Time**  | **Activity**  | **Location & Address**  | **Contact Number** | **End Time**  | **Additional Information**  |
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| Spending Money * Please provide a breakdown of any additional money people will be required to spend due to any organised trip activities.
* E.G. Public Transport, Entry Fees, Club Entry etc.
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| **Date**  | **Activity**  | **Amount**  | **Additional Information** |
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| Safety & Buddy System * One Group Leader must be in responsible for 3 other group members on the trip.
* Must do head count must be done in the morning, following group activities and in the evening.
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| **Group Leader**  | **Person Number 1**  | **Person Number 2**  | **Person Number 3**  |
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| Checklist  |
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| **Task**  | **Committee Member Responsible**  | **Additional Information**  | **Complete** **(Yes/No)** |
| Your Society has met with Siobhan Byrne and C&S Events Administrator |  |  |  |
| Completed and Submitted a Complete C&S Events Form #4: Trip Itinerary  |  |  |  |
| Confirmed Numbers traveling  |  |  |  |
| Copied all Passports in a google drive |  |  |  |
| Paid Accommodation in full before departure |  |  |  |
| Recommended to all students' to purchase personal travel insurance |  |  |  |
| Have Emergency Contact Details Card for all traveling |  |  |  |
| Downloaded the Safe Zone App and issued card to all traveling |  |  |  |
| Submitted Organisers and Leaders contact details  |  |  |  |

| Checklist Sign Off |
| --- |
| **Name** |  |  |
| **Position** |  |  |
| **Student Number**  |  |  |
| **Contact Number**  |  |  |
| **Date** |  |  |

**All of the above must be submitted before traveling with the DCU Clubs and Socs Trip Itinerary.**