



Nacel Open Door  
380 Jackson Street, Ste. 200 St. Paul, MN 55101  
Phone: 800-622-3553 Fax: 651-686-9601

**Travel Proposal  
for Trips Led by a  
Nacel Open Door Local Representative or Coordinator**

**Trip Destination:** \_\_\_\_\_

**Dates of Trip:** \_\_\_\_\_

**List of Chaperones (including yourself):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

**Name of Transportation Company:** \_\_\_\_\_

\_\_\_\_\_

**Contact Information for Transportation Company:** \_\_\_\_\_

\_\_\_\_\_

**Hotel Name:** \_\_\_\_\_

**Hotel Address:** \_\_\_\_\_

**Hotel Phone Number:** \_\_\_\_\_

**Number of Students Attending:** \_\_\_\_\_

**Purpose of the Trip:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I accept full legal responsibility for all Nacel Open Door exchange students who are attending this trip. I agree that I have the emergency contact information for the Nacel Open Door national office, and insurance information for all Nacel Open Door exchange students. I agree to contact Nacel Open Door if any of the exchange students get ill or are injured. I agree to submit this form at least 2 months prior to departure date. I agree to provide the Travel Director with a complete list of Nacel Open Door exchange students attending this trip at least 1 month prior to the departure date. I agree to have all students submit Host Parent Permission Forms and Natural Parent Release for Travel with Independent Party at least two weeks prior to the departure of the trip. I agree to have all chaperones participating on this trip be screened through a national criminal background check.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_