Travel Itinerary

- > This form must be submitted at least 24 hours prior to departure (after the final travel roster has been determined and all travel arrangements have been made).
- > This is a two-page form, please complete both pages. All sections of this form must be filled out in its entirety.

Name of Club:								
Form submitted by:								
			Ema	ail:				
Name and purpose of	event:							
Name of school/organ	nization that is host	ing this	s event:					
Departure date:	date: Return Date:							
			Lodging					
I	In the section below, indicate the confirmed lodging information: If the club is using multiple locations, please attach the list with this form. of location:							
Name of location:								
Address:								
Phone number:	Phone number:Fax number:							
Number of rooms reserved:Confirmation number (if applicable):								
In t	he section below.	nlease	-	fransport	ation info	orma	ntion:	
Mode of transportatio	ŕ							
If more space is neede	ed, please attach lis	t with 1	this form.					
For air travel, please	complete the follow	wing ta	ble:					
Carrier	Departure Date	/Time	Departure Flight #(s)	Return	Date/Tin	ne	Return Flight #(s)	
For chartered bus tra	vel please comple	to the f	ollowing table:	П				
			ŭ	ne Return Date		Estimate Return Time		
For passenger vehicle vehicle:	e (Private, PSU Fle	et, or (Commercial) travel, plea	ise complei	te the follo	owing	g table for each	
Type of vehicle								

Travel Roster

In the table below, please provide names and emergency contact information for all travelers:

1 for listing travel roster	Emergency Contact Information Name Relation to Traveler Phone						
Name of Traveler	Name	Relation to Traveler	Phone				