

American University Club Sports Competition Roster & Itinerary Form

-This form must be submitted to the Club Sport Office by Wednesday at 12pm.

Date Form Completed: _____ Club: _____

Person Completing Form: _____ Phone: _____

Event: _____ Destination: _____

Host Institution: _____

Purpose of Trip: _____ Days Gone on Trip: _____

Contact at Destination Site (i.e. Tournament Director, Hotel, etc.): _____

Phone Number of Contact: _____

Departure Day, Date, Time: _____

Return Day, Date, Time: _____

Club Officer in Charge of Trip: _____

Phone Number of Contact: _____

Method of Travel: _____

If Private Vehicle (attach additional sheet with information if necessary):

1. Type of Car Driven:: _____
2. State/Plate Number: _____
3. Driver's Name/Campus Phone: _____
4. Insurance Co. Name/Number: _____

2nd Vehicle:

1. Type of Car Driven: _____
2. State/Plate Number: _____
3. Driver's Name/Campus Phone: _____
4. Insurance Co. Name/Number: _____

If staying overnight, please list the lodging sites:

Hotel	Location	Phone
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Hotel	Location	Phone
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Estimated Expenses:

Gas: _____ Tolls: _____ Lodging: _____

(Please complete back of form)

For Office Use only	Received by: _____	Date: _____
	Verified by: _____	Contacted: _____

Total Number of Club Members Attending/Participating: _____

Attending Club Members, Coaches/Instructors and Advisors:

Note: Only members who appear on the following list and have completed the participation release form are eligible for club travel. Please designate coaches/instructors and/or advisors. Alphabetize all members.

NAME

AU ID #

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