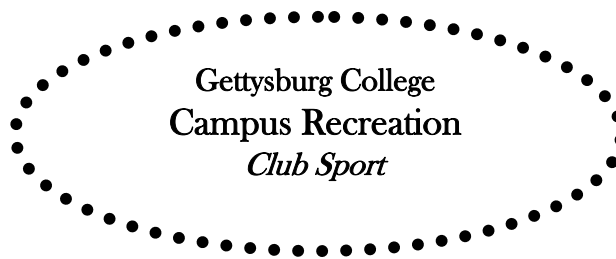


This form must be completed and returned to the Director of Campus Recreation forty-eight (48) hours prior to departure.



Travel Itinerary

Fall _____ Spring _____ Year _____

Sport _____

Travel Date _____
Destination: _____
Purpose of Trip: _____ _____
Departure from campus: _____ <i>Date</i> _____ <i>Time</i> _____
Arrival at destination: _____ <i>Date</i> _____ <i>Time</i> _____
Return to campus: _____ <i>Date</i> _____ <i>Time</i> _____
Coach/Advisor Supervisor: _____

Submitted by: _____ Date: _____
(signature)