

TRIP ITINERARY FORM

Shippensburg University Club Sports

Club _____ Date of Application. _____

Type of Event _____ Destination _____

Departure from Ship:

Return to Ship:

Date:

Time:

Date:

Time:

FOR EMERGENCY: Please list a contact person and phone of away club

Contact person:

Phone:

Type of transportation (indicate # of each)

Univ. Van ____ Private Van ____ Private Car(s) ____ Other ____

Total # of members traveling:

Faculty/Staff Advisor Information traveling with the club:.

Faculty/Staff Phone # _____

Complete the list of travelers and list vehicle information for those club members who will be driving. This form must be received in the Recreation office by 8am at least one business day before competition. Any changes in travel plans or persons traveling which occur after the travel forms have been submitted should be reported to the Recreation office before departure via telephone or voice mail (477 - 1755) or e-mail gepipe@ship.edu.

LIST OF TRAVELERS
Shippensburg University Club Sports

CLUB: _____ DATE: _____

Travelers (if driving, list their car make next to their name)

1. (president) _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____