

TOWSON UNIVERSITY
SPORT CLUBS ORGANIZATION
TRAVEL ITINERARY



Sport Club: _____

Date of Submission: _____

Submitted by: _____

E-mail: _____

****PLEASE ATTACH PLANNED TRAVEL ROUTE AND TRAVEL ROSTER TO THIS FORM****

Transportation Information:

Type of Vehicle (Please circle all that apply): Car / Van / Bus / Airplane

Price of Rented Vehicle: _____

CLEARED DRIVERS: 1. _____ 2. _____ 3. _____

SAFETY OFFICER(S): _____

Travel Information:

Purpose of Travel (be specific): _____

Traveling From: _____

Traveling to: _____

Date of Departure: _____

Estimated Time of Departure: _____

Date of Return: _____

Estimated Time of Return: _____

Game Start: _____

Game End: _____

Lodging Information:

Name of Place of Lodging: _____

Address of Place of Lodging: _____

Telephone #: () _____

Reservation #: _____

Name(s) on Reservation: _____

Tentative Itinerary:

Please describe the activities and location of the club during this trip. Continue on separate piece of paper if necessary.

OFFICE USE ONLY

Approved by: _____ Date: _____ Follow Up Required: _____