Sport Clubs Travel Itinerary Form

Club Name:			Date of Req	uest:]	
Destination & Purpos	e:					
Departure:	Date:		Time:			
Return:	Date:		Time:			
Opponent Contact:			_	-	Phone:	
Traveling Officers:						
Traveling Member with FA/CPR						

LODGING

Name of Hotel/House:	I	Location:	
Overnight Lodging Dates:	F	Phone:	

TRANSPORTATION (Mark an X in one of the three option boxes and answer all questions) Personal Vehicles Transportation Services Non-University Rental

Van/Car Rental Company			Airline(s):		
Registered Under:	fgthfgh	Departing Flight #'s		Returning Flight #'s	

PERSONAL VEHICLE Please write each member's name with the correct driver

DRIVER	DRIVER
Passenger	Passenger

Office Use Only

Approval

Campus Recreation Designee

Date

DMV Pull Program

Drivers License Insurance

_Emergency Contact List

Eligibility Check
Vehicle Insurance

Sport Clubs Transportation Info

Please fill in all drivers and traveling members for each car assignment

DRIVER	
Passenger	

DRIVER	
Passenger	

DRIVER	
Passenger	

DRIVER	
Passenger	

DRIVER	
Passenger	

DRIVER	
Passenger	

Sport Clubs Lodging Info

Please fill in all traveling members and the room assignments/house location for overnight lodging

Hotel Room/House	
Member	

Hotel Room/House	
Member	

Hotel Room/House	
Member	

Hotel Room/House	
Member	

Hotel Room/House	
Member	

Hotel Room/House	
Member	
Member	