



TRAVEL ITINERARY

(Please Write Clearly)

Club: _____ Date of Submission: _____

Transportation Information:

Type of Vehicle (Please circle all that apply):

Car / Van / Bus / Airplane / Other: _____

Rental Company (if any): _____

Trip Coordinator: _____ Cell #: _____

Travel Information:

Traveling to: _____

Opposing Club Contact: _____ Phone #: _____

Date of Departure: _____ Estimated Time of Departure: _____

Date of Return: _____ Estimated Time of Return: _____

Lodging Information:

Name of Lodge: _____

Address of Place of Lodge: _____

Telephone #: _____ Reservation #: _____

Name(s) on Reservation: _____

Travel Itinerary:

Please describe the activities and location of the competition during this trip:



LIPSCOMB SPORT CLUBS TRAVEL ROSTER

The following members of the _____ Club will
be attending a trip to: _____.

<u>Name:</u>	<u>ID#:</u>	<u>Driver:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

***PRIOR TO EACH TRIP AN UPDATED COPY MUST BE SUBMITTED TO THE
DIRECTOR OF CAMPUS RECREATION OR THE DIRECTOR OF INTRAMURALS**