

Club Sport Travel Itinerary Form

NOTE: Form should be submitted two weeks in advance of scheduled trip

Trip Name: _____ Date of Submission: _____

Team: _____

Purpose of Trip: _____

Destination: _____

Departure Date: _____ Return Date: _____

Mode of Transportation (Circle One): **Bus** **Personal Vehicles** Other: _____

Host Contact Information:

School/Venue/Competition: _____

Host Contact Information (List Name and phone # of individual at host school/location that can be contacted): _____

Contact Information for advisor/non-student supervisor attending trip:

*Travel with no advisor and/or non-student supervisor must be approved by the University Administrator for Club Sports

Contact Person: _____ Phone # _____

E-Mail Address: _____

Contact Information for student leaders of trip (2 individuals should be listed):

Contact Person: _____ Phone # _____

E-Mail Address: _____

Contact Person: _____ Phone # _____

E-Mail Address: _____

Overnight Trips Must Include Following Information:

Accommodations (i.e hotel name, address, Phone #):
