

## University of Colorado Boulder

## COLLEGIATE SPORT CLUBS TRAVEL ROSTER & ITINERARY

Club Name:
Date Applied:
Club Contact:
Phone:
E-mail:
Travel Destination:
Type of Competition:
Departure Date & Time:
Return Date & Time:
Club Members and Coaches Traveling: Please attach a detailed roster of travelers.
Prepare a list of estimated expenses for the trip: registration/entry fees; lodging; vehicle rental cairfare (if applicable); gas/mileage estimates. <b>See below.</b>
Registration/Entry Fee: (Define individual or team fees)
Name of hotel/motel: Address of hotel/motel: Phone Number: Number of nights booked: Dates of nights booked: Rate per night: Num. of rooms: Total amount:
Vehicles: Private vehicle: (Names of Drivers)



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	Number of vehicles:		
	Roundtrip Mileage:		
	Rental vehicle:		
	Rental Agency:		
	Vehicle type (i.e. size of van, car, etc.):		
	Number of vehicles:		
	Rate Per/Day:		
	Number of days:		
	Total Estimate:		
Air T	cavel:		
	Air Travel (i.e. United, American, etc.):		
	Ticket Rate:		
	Flight number:		
	Departure date:		
	Return date:		
	Please attach a detailed roster of travelers, f	light numbers, departure/return date	S.
	etc.	ingire indimental departure of evaluation	
	<u> </u>		
	ed Itinerary: Attach a detailed itinerary highlighting points A through the end of the trip.  gency Action Plan:	A-Z, departure location, date and time	
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	Perform CPR and/or First Aid as needed.		
	Contact local emergency numbers, 911.		
3.	Contact Club Sports Coordinator (Bryan 970-3 incidents or injuries. The coordinator will notif emergency contacts of those involved.	· · · · · · · · · · · · · · · · · · ·	
4.	Immediately after the incident go on-line and c a coordinator. Take written and signed reports		to
Club (	Contact Signature:	Date:	
Club	Sports Coordinator Signature	Date	
('liih	Sports Coordinator Signature:	L)ate:	