



Club Sport Travel Itinerary

Basic Info:

Date leaving for trip: _____ Time Leaving: _____ Destination: _____

Duration of trip: _____ Day(s) _____ Overnight(s)

Date returning (if multiple days) _____ Approximate time returning: _____

Number of students traveling: _____ (roster form on page 2)

Number of coaches traveling: _____

Purpose of trip

Vans

Who will pick up on campus van keys? _____

If using a rental van, who will pick up van? _____

How will gas be paid? _____

Will team need a cash advance? _____ If yes, please coordinate with Margie Rodgers

If so, who will pick up the money from Wellness and Rec? _____

What day/time? _____

List all Drivers who may drive during this trip (must be approved drivers)

Overnight Residence

Hotel _____ Phone _____

Campus _____ Phone _____

Other _____ Phone _____

Emergency numbers where coach or president can be reached

Wellness and Recreation use only:

Name _____ Date _____

Approve _____ Reject _____

