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 ______________________
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<tr>
<th>Name of Player</th>
<th>Phone Number</th>
<th>Emergency Contact</th>
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