

## Travel Itinerary

*Due to The Office of Student Involvement by 5pm on the Wednesday prior to travel.*

Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

\*If competition, list opponent/tournament here: \_\_\_\_\_

Destination: \_\_\_\_\_

Number of Miles Traveled (one-way): \_\_\_\_\_ Hours Required: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

**Mode of Transportation:** (circle)      Motor Pool Vehicle      Personal Automobile

**A: Driver:** \_\_\_\_\_ Vehicle Make/Model/License # \_\_\_\_\_

**B: Driver:** \_\_\_\_\_ Vehicle Make/Model/License # \_\_\_\_\_

**C: Driver:** \_\_\_\_\_ License Make/Model/License # \_\_\_\_\_

**D: Driver:** \_\_\_\_\_ License Make/Model/License # \_\_\_\_\_

**E: Driver:** \_\_\_\_\_ License Make/Model/License # \_\_\_\_\_

**Overnight Accommodations** (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact Information:

Club Member: \_\_\_\_\_ Certified in First Aid/CPR: Y / N

Position: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Club Member: \_\_\_\_\_ Certified in First Aid/CPR: Y / N

Position: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Advisor or Coach Accompanying Group:

Name: \_\_\_\_\_ Certified in First Aid/CPR: Y / N

Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

