TRIP ITINERARY FORM

This form must be received in the Recreation office by 8am on the last business day before competition. Form may be submitted in person to the Club Sports GA during office hours or emailed to rec@ship.edu, but preferred submission method is through the ShipLink portal. Any changes in travel plans, or persons traveling, which occur after the travel forms have been submitted, should be reported to the Recreation office before departure via telephone (477-1755) or email rec@ship.edu.

DATE OF APPLICATION: ___________________ CLUB SPORT: __________________________

NAME OF INDIVIDUAL SUBMITTING THIS FORM: _______________________________________

DESTINATION: _________________________________________________________________

TYPE OF EVENT/NAME OF EVENT: ___________________________________________________

DEPARTURE DATE: ___________________ DEPARTURE TIME: _________________________

RETURN DATE: _______________________ RETURN TIME: ____________________________

EMERGENCY CONTACT NAME: __________________________________ PHONE: _______________________

TYPE OF TRANSPORTATION: (indicate # of each): Univ. Van _____ Private Van _____ Private Car(s) _____ Other _______

LIST OF TRAVELERS: (If driving, list car make next to driver’s name. Provide phone numbers for two travelers.)

1. ___________________________________ Phone # _________________________________

2. ___________________________________ Phone # _________________________________

3. ___________________________________ 13. ___________________________________

4. ___________________________________ 14. _________________________________

5. ___________________________________ 15. _________________________________

6. ___________________________________ 16. _________________________________

7. ___________________________________ 17. _________________________________

8. ___________________________________ 18. _________________________________

9. ___________________________________ 19. _________________________________

10. ___________________________________ 20. _________________________________

11. ___________________________________ 21. _________________________________

12. ___________________________________ 22. _________________________________

Department Use Only:

Date & Time Received: ___________________________ Club Fine Amount: __________________________

Results Received? ____________________________ Injury Report? ____________________________