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 e-mail 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. __________________________________________ Phone # ____________________________ 
4. __________________________________________ Phone # ____________________________ 
5. __________________________________________ Phone # ____________________________ 
6. __________________________________________ Phone # ____________________________ 
7. __________________________________________ Phone # ____________________________ 
8. __________________________________________ Phone # ____________________________ 
9. __________________________________________ Phone # ____________________________ 
10. _________________________________________ Phone # ____________________________ 
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17. _________________________________________ Phone # ____________________________ 
18. _________________________________________ Phone # ____________________________ 
19. _________________________________________ Phone # ____________________________ 
20. _________________________________________ Phone # ____________________________ 
21. _________________________________________ Phone # ____________________________ 
22. _________________________________________ Phone # ____________________________

Department Use Only:

Date & Time Received: ______________________________ Club Fine Amount: ____________________________ 

Results Received? ______________________________ Injury Report? ______________________________