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. 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. _______________________________________  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? ____________________________