

Club Sport Travel Itinerary Form

NOTE: Form must be submitted one week in advance of scheduled trip departure date. For overnight trips, form must be submitted two weeks in advance of departure date.

Team: _____ Trip Name: _____ Submission Date: _____

Purpose of Trip: _____

Destination City & State: _____

Departure Info: Date: _____ Requested Departure Time: _____ Game Time(s): _____

Return Info: Date: _____ Approximate departure time after completion of event: _____

Mode of Transportation (Circle One): **Bus** **Personal Vehicles** Other: _____

Note: If using personal vehicles, drivers must submit required forms before they are authorized to drive.

Host Contact Information- Must be included to process form and approve trip

School/Venue/Competition: _____

Host Contact Name: _____ Host Contact Phone #: _____

Contact Information for advisor/non-student supervisor/coach attending trip:

*Travel with no advisor and/or non-student supervisor must be approved by the University Administrator for Club Sports

Contact Person: _____ Phone #: _____

E-Mail Address: _____

Contact Information for student leaders of trip (2 individuals should be listed):

Contact Person: _____ Phone #: _____

E-Mail Address: _____

Contact Person: _____ Phone #: _____

E-Mail Address: _____

Overnight Trips Must Include Following Information:

Accommodations (i.e. hotel name, address, phone #):

<p><u>For Office Use Only:</u></p> <p>Bus Requested: _____ Bus Confirmation: _____ Bus Company: _____</p> <p>Round Trip Miles: _____ Submitted MyNU: _____ Trip #: _____ Email: _____</p>
