

CLUB TRAVEL ITINERARY

Club Information

Club Name: _____

Date(s) your group will be gone _____

Club member in charge (if applicable) _____

Club Member Phone _____

Coach/Instructor _____

Coach/Instructor Phone _____

Hotel or Lodging Information

Name _____

Mode of Transportation _____

Address (streets, city, state, zip) _____

Phone Number _____

Event Information

Where will the event be held? _____

Venue Phone Number _____

Contact Person at venue _____

Contact Person Phone _____

ITINERARY

Provide detailed itinerary below. Use reverse side or attach full itinerary, if necessary.

ATTENDEES

(List EVERYONE traveling with your team or organization. Attach roster, if necessary.)

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 11. _____ | 21. _____ |
| 2. _____ | 12. _____ | 22. _____ |
| 3. _____ | 13. _____ | 23. _____ |
| 4. _____ | 14. _____ | 24. _____ |
| 5. _____ | 15. _____ | 25. _____ |
| 6. _____ | 16. _____ | 26. _____ |
| 7. _____ | 17. _____ | 27. _____ |
| 8. _____ | 18. _____ | 28. _____ |
| 9. _____ | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

Coaches/Instructors: _____

Drivers: _____

Club travel requires prior approval from club SARP. Clubs are to give a copy of this itinerary to the Rensselaer Union Administration Office for distribution at least 2 business days prior to departure. SARPS will be notified by front desk staff when appropriate forms are received.

Office use only.

Received and Distributed: Rensselaer Union Admin Office _____ Public Safety _____ DOSO _____

