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

Information available at union.rpi.edu/club-travel