

Salisbury University Sports Club Organization

Post Trip Form

Club Name: _____ Date: _____

Form Submitted By: _____ Phone Number: _____

Type of Trip: _____ Date(s) of Trip: _____

Location of Trip: _____

Please Fill Out The Following:

Total Attendance: ____ = Club Members: ____ Coaches: ____ Advisor: ____

Self-funded cost pp: \$_____ (This information will be taken into consideration for future club requests.)

Number of Injury Forms Turned In: ____ Follow-Up Required: Y / N

Highlights of the Trip: (Please be Specific – Opponents, Results, Websites w/ Results and Statistics, Activities)

Please State Any Problems / Additional Comments: (Please be Specific)
