

Salisbury University Campus Recreation Department

SPORT CLUB TRAVEL ITINERARY FORM

Sport Club _____ Today's Date _____

Event _____ Date of Trip _____

Location _____
(Name)

(Street Address) (City) (State)

Contest Site Contact Person _____ Phone (_____) _____

Departure from campus (date & time) _____

Estimated arrival back to campus (date & time) _____

Overnight Lodging: Yes or No If Yes, where _____
(name of hotel/owner of residence/etc)

Address _____ Phone (_____) _____
(street address) (city) (state)

Mode of Transportation (check and complete all that apply):

- Private Vehicles Number of Vehicles _____
 University Vehicles Number of Vehicles _____
 Rental Vehicles Number of Vehicles _____ Rental Company _____

Coaches /Advisors Traveling - please include name(s) and phone #(s)

Emergency Contact Numbers (Please provide name and telephone number of two officers on this trip to serve as emergency contacts from sport club administration.)

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Submitted By _____ Signature _____
(Club President)

The officer signature above serve as verification that all travelers have a Sport Clubs Waiver on file with the Sport Clubs Office. It also verifies that all drivers are properly insured, have a valid driver's license and will not be under the influence of alcohol or drugs while driving. Also, by signing above, the club leadership understands that any individual(s) who drive/rent a vehicle are personally responsible for any and all damages (including property of a third party) that may occur as a result of driving said vehicle.

Approved By _____ Date _____

