

## TRIP ITINERARY FORM

This form must be received in the Recreation office by 8am on the last business day before competition. Form may be submitted in person to the Club Sports GA during office hours or emailed to rec@ship.edu, but preferred submission method is through the Shiplink portal. Any changes in travel plans, or persons traveling, which occur after the travel forms have been submitted, should be reported to the Recreation office before departure via telephone (477 -1755) or e-mail rec@ship.edu.

DATE OF APPLICATION: \_\_\_\_\_ CLUB SPORT: \_\_\_\_\_

NAME OF INDIVIDUAL SUBMITTING THIS FORM: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TYPE OF EVENT/NAME OF EVENT: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF TRANSPORTATION: (indicate # of each): Univ. Van \_\_\_\_ Private Van \_\_\_\_ Private Car(s) \_\_\_\_ Other \_\_\_\_

LIST OF TRAVELERS: (If driving, list car make next to driver's name. Provide phone numbers for two travelers.)

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ 13. \_\_\_\_\_

4. \_\_\_\_\_ 14. \_\_\_\_\_

5. \_\_\_\_\_ 15. \_\_\_\_\_

6. \_\_\_\_\_ 16. \_\_\_\_\_

7. \_\_\_\_\_ 17. \_\_\_\_\_

8. \_\_\_\_\_ 18. \_\_\_\_\_

9. \_\_\_\_\_ 19. \_\_\_\_\_

10. \_\_\_\_\_ 20. \_\_\_\_\_

11. \_\_\_\_\_ 21. \_\_\_\_\_

12. \_\_\_\_\_ 22. \_\_\_\_\_

**Department Use Only:**

Date & Time Received: \_\_\_\_\_ Club Fine Amount: \_\_\_\_\_

Results Received? \_\_\_\_\_ Injury Report? \_\_\_\_\_