

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?* _____