

# Southeast Missouri State



# University

Department of Recreation Services

## Sport Clubs

### TRAVEL ROSTER / ITINERARY FORM

Club Name: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Destination City: \_\_\_\_\_ State: \_\_\_\_\_ Competition Site: \_\_\_\_\_

Club Contact Person at Competition Site: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ a.m. / p.m.

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ a.m. / p.m.

Mode of Transportation: Car Bus Airplane

Designated Drivers: \_\_\_\_\_

# of Nights: \_\_\_\_\_ # of Cars/Buses: \_\_\_\_\_ # of Participants: \_\_\_\_\_ **(List Below)**

If an Overnight Trip, Please List Hotel, Address, and Telephone Number for Lodging Each Night:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list those Club members and coaches who are traveling. (USE BACK OF FORM IF NECESSARY)

**\*\*ONLY those individuals who are listed on the Club's MEMBERSHIP ROSTER and who have on file a LIABILITY RELEASE FORM are eligible for this trip.**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

Submitted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Copies of ALL Drivers' Licenses and Proof of Vehicle Insurance MUST BE on file prior to trip departure.**