## Dickinson Office of Intramurals and Recreation Sport Club Travel Itinerary

Club Name:		Date:
Person Completing Form: Primary Trip Contact Name:		Phone #
		Cell #
	Trip Information	
Destination:		
Departure Date:	Time:	ETA:
Trip Home Date:	Time:	ETA:
9	Contest information	
Host School:		
Contact Person:		Phone #
Location of competitions:		
Dates of Competitions:		
Estimated Times of Competitions:		
<u>M</u>	ode of Transportatio	<u>n</u>
Personal Vehicle		
Driver(s):		
Rented Vehicle		
Vehicle Type(s):		
Rental Company: Rental Agreement #		
Driver(s):		
Campus Fleet Vehicles		
Vehicle Type(s):		
Driver(s):		
Charter Bus		
Charter Agency:		
Charter Contract Number:		
Airplane (Please provide flight itineraries fo	or all travelers)	
Airline:		
Departing Flight #(s):	Returnin	g Flight #(s):

<u>Lodging</u>
Lodging Name:
Location:
Phone Number:
Reservation Name:

Travel Roster  Name of all people travelling including coaches		
2	17	
3	18	
4	19	
5	20	
6	21	
7	22	
8	23	
9	24	
10	25	
11	26	
12	27	
13	28	
14	29	
15	30	

This form is due to the Director of Intramurals and Recreation at least 1 week hours prior to departure.

Please send a finalized travel roster to the Director of Intramurals and Recreation 24 hours prior to departure.