UIS Campus Recreation

Travel Itinerary

Club Name: ________________________________
Officer Submitting Form: _____________________ Phone: __________________
Signature:_________________________________ Date: ____________________
Purpose/Name of Event:______________________________________________
Location of Event: ___________________________________________________
Date of Event: ___________ Number of People Traveling: ________________

Transportation

Time/Date of Departure:_______________ Time/Date of Return:____________________

Type of Transportation (check all that apply):

[ ] Private vehicle (Turn in private vehicle trip information)
[ ] Rental van/car (Note rental car company____________________)
[ ] Airline (Note trip itinerary on reverse)
[ ] Commercial bus (Note bus company______________________)

Lodging

Location/name of hotel if applicable:__________________________________
Phone number of hotel if applicable:__________________________________

Traveling members (Members must be on official roster and have signed a liability waiver and code of conduct)

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. ____________________________________________
11. ____________________________________________
12. ____________________________________________

ON REVERSE, please list who is riding in each vehicle and an emergency contact name/phone number.