

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

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