

Indiana University of Pennsylvania

Center for Health and Well-Being

CLUB SPORT TRAVEL FORM

Club: _____ **Destination** _____

Departure Date _____ Time _____ Return Date _____ Time _____

Method of Travel _____ Emergency Phone Number _____

Advisor/ Coach who will travel with team: _____

Title _____ Contact info: _____

If traveling by auto, list drivers and owners of each vehicle:

Drivers:

Owners:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____

List the Club members traveling on this trip:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

Contact Person at Destination: _____

Phone number of contact person: _____

For office use only:

Approval signature: _____ Date: _____

This form must be approved by the Assistant Director of Recreation at least 48 hours before departure.