TRAVEL ITINERARY

This form must be completed and returned to the Sport Club Office 7 days prior to any club related travel.

Club: ____________________________ Date Submitted: ____________________________

Event: ____________________________ Date(s) of event: ____________________________

Destination: ____________________________ (School) ____________________________ (City)

Trip Contact: ____________________________

Trip Phone: ____________________________

Departure date & time from Merced: Month: ________ Day: ________ Time: ________

Return date & time to Merced: Month: ________ Day: ________ Time: ________

Mode of Transportation:

_____ University Vehicle Drivers: ____________________________

_____ Individual Vehicle Drivers: ____________________________

_____ Other _____________ Drivers: ____________________________

_____ Airlines _____________________ - _____________________ - _____________________

_________ (Name) ___________ (Departure City) ________ (Flight # s)

Driving route (attach map): ______________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Lodging Arrangements:

_____ Hotel: Name_______________________ Phone: (_____)_______________________

_____ Number of Nights Dates of Stay: _________________________

_____ Private Home: Contact ______________________ Phone: (_____)_______________________

_____ Number of Nights Dates of Stay: ________________________

(OVER)
Member’s traveling to event:

Contact Person Statement:
All of the information supplied above is accurate to the best of my knowledge. I understand and have informed all club members of their responsibilities while participating and competing in the event and on this trip. I pledge to exercise appropriate care and prudence while representing the club and obey all laws in order to assure club members and my safety.

Submitted By: ___________________________ Phone Number: (______)__________________________

Approved: ______ Date: ______ Copy to Club: ______ Copy to File: ______

Travel Checklist

This is a checklist of things to consider when making travel arrangements:

Who is traveling? _____ Submit Travel Itinerary & Online form

How will we get there?
University Vehicles _____ Did you submit a request for vehicles?
Member’s vehicles _____ Are licenses/insurance submitted for all drivers?
_____ Are vehicles reliable and insured?

Travel Binder _____ Check out Travel Binder from Sport Club Office

Where will we stay?
Hotel/motel _____ Are the reservations made and confirmed?
_____ Get receipt and bring to Campus Recreation Office upon return

Important phone #’s
Campus Recreation Office (209)228-7732
David’s Cell Phone (209)224-7555
Allison’s Cell phone (209)658-4032