Trip Request/Approval Form

Sport Club: ________________________________________________
Event Name: ________________________________________________
Travel Destination: __________________________________________
Safety Officer: ___________________________ Cell #: ________________
Coach Name: ___________________________ Cell #: ________________

Attach Transportation Manifest (indicate who is in each vehicle)

Event Dates and Times: __________________________________________

Department: Date ___________________ Time __________
Return: Date ___________________ Time __________
Opponent Contact Name(s) at Destination: __________________________
Phone #: __________________________

Lodging Name & Address: __________________________________________
Phone #: __________________________

Method(s) of Transportation (check all applicable, and number if >1)
( ) University Van ( ) Rental Van ( ) Rental Car ( ) Airplane
( ) Private Vehicle ( ) Bus ( ) Other (specify): __________________________

_________________________________________________________________
Safety Officer Signature __________________________ Date ________________

Office use only
Approved: __________________________ __________________________
Signature: __________________________ Date ________________