

UNIVERSITY OF ROCHESTER
CLUB SPORTS PROGRAM

TRAVEL ITINERARY

Club Sport	_____	Date Submitted	_____
Destination	_____	Opponents	_____
Type of Competition	_____	Date of Event	_____
Departure Date	_____	Time	_____
Return Date	_____	Time	_____
Club Officer in Charge	_____	Phone	_____
Contact Person at Destination	_____	Phone	_____

Overnight Lodging:

Date	_____	Location	_____	Phone	_____
Date	_____	Location	_____	Phone	_____
Date	_____	Location	_____	Phone	_____

Method of Travel:

1. If traveling by private vehicle(s), please complete the following:

<u>Car Owner</u>	<u>Address</u>	<u>Phone #</u>	<u>Vehicle Type</u>	<u>Car License</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. If traveling by rental vehicle(s), please complete the following:

***Be sure to read carefully the terms of the Rental Agreement before using the vehicle.**

<u>Rental Company</u>	<u>Phone Number</u>	<u>Type of Vehicle(s)</u>
_____	_____	_____
_____	_____	_____

3. If traveling air, please complete the following:

	<u>Air Carrier</u>	<u>Flight Number</u>
Departing Flight	_____	_____
Returning Flight	_____	_____
Departing Flight	_____	_____
Returning Flight	_____	_____