

**STEVENS INSTITUTE OF TECHNOLOGY
CLUB SPORT TRAVEL ITINERARY**

CLUB NAME: _____

Officer Submitting Form: _____ Phone #: _____

Signature: _____ **Date Submitted:** _____

Purpose and/or Name of Event: _____

Location of Event: _____

Date of Event: _____ **# in Travel Party:** _____

Transportation:

Time/Date of Departure: _____ **Time/Date of Return:** _____

Round Trip Mileage: _____

Type of Transportation (Check those which apply):

- Campus Vehicles**
- Rental Vans/Cars**
- Commercial Bus**
- Airline**

Lodging

Hotel/Address: _____

Phone #: _____

Travel Party

PLEASE ATTACH LIST OF TRAVEL PARTY TO THIS FORM

(Members must be listed on your official roster and have a signed liability waiver on file)