Travel Itinerary

	☐ This form must be submitted at least 24 hours prior to departure (after the final travel roster has been determined and all travel arrangements have been made).								
No	ıme of Club:								
	Local	Phone #:			Ema	il:			
	Home	Address:							
Name	and purpose of	event:							
Name	of school/organ	nization tha	t is hosting	his	event:				
Depar	ture date:				Retu				
	of location:	f the club	is using mu	ltipl	Lodging ndicate the confirmed e locations, please atta	ach the lis	t with this	fori	
					Fax number:				
	er of rooms rese	erved:			Confirmation numb	er (if appl	icable):		
					Transportation				
	In t	he section	below, plea	se ir	ndicate the confirmed	transport	ation infor	rma	tion:
Mode	of transportatio	n (check al	l that apply)	:					
□ Air			☐ Charter Bus		☐ Passenger vehicle(s)				
If mor	e space is neede	ed, please a	ttach list wi	th th	is form.				
F <u>or ai</u> i	· travel, please co	omplete the	following tab	le – j	please include how you ar				nder vehicle or bus:
Carrier I		Departu	eparture Date/Time		Departure Flight #(s)	Return Date/Time		;	Return Flight #(s)
For chartered bus travel, please complete the following tab Carrier Departure Date Estimated Departure			lowing table: ated Departure Time	ne Return Date		Estimate Return Time			
	Cultion	Бериги	C Butc E	<u> </u>	ated Beparture Time	Ttetain	Bute		
	ssenger vehicle (Type of vehi axi van, mini va	cle			ercial) travel, please com Vehicle Owner terprise, private individ		llowing tabl		r each vehicle: Driver(s)

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Travel Roster

In the table below, please provide names and emergency contact information for all travelers:

	Emerger	ncy Contact Information	
Name of Traveler	Name	Relation to Traveler	Phone