## **Travel Form**



Club Sport:	CLUB SPORT
,	FALL
Activity Date Start Time:_	AM/PM Estimated End Time:AM/P
□Competition □Game □T	ournament □Club Activity
Opponent/ Tournament:	
Contact Name:	Phone: ()
Email:	
<u>Destination</u>	
Address: Street	
Year/Semester (circle): 20 / SPRING FALL  ctivity Details  ctivity Date Start Time :AM/PM Estimated End Time :AM/PN  Competition	
School (If applicable)	
Departure Time:AM/PM Return Time:AM/PM	
*ATTACH ROSTER OF THOSE ATTENDING. Only those registered to the club can travel.  **Attach hotel information if necessary.	
<u>-</u>	
President Signature	Date
President Name (Print)	
Sponsor Name (Print)	
□ Approved	
☐ Denied Club Sports Coordinator Signature	Date
Assistant Dean's Signature	Date
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