Fairfield University
Sport Club
Travel Itinerary

(Due Three Days Prior to Travel)

Club Name:_____

Officer Submitting Form:_____ Phone #:_____

Signature:_____ Date Submitted:_____

Purpose and/or Name of Event:_____

Location of Event: _____

Date of Event: _____ # People Traveling: _____

Transportation:

Time/Date of Departure: _____ Time/Date of Return:_____
Round Trip Mileage: _____
Type of transportation (Check all that apply):

- **[ ] Fleet Vehicles**
- **[ ] Rental Vans/Cars**
- **[ ] Commercial Bus**
- **[ ] Airline**
- **[ ] Private Vehicles** – Turn in Private Vehicle Trip Information

Lodging:

Location:_____
Phone #:_____

LIST OF TRAVELING MEMBERS

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____