

**Fairfield University
Sport Club
Request for Transportation**

(Due 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 Vehicle being requested:

15 Passenger Van _____

Motor Coach _____

Activity Transport _____

7 Passenger Van _____
(Mini-van)

Basic Bus _____
(School bus)

Mini Bus _____