



Club Sport	
Competition Date	
Destination University	
Contact Name	
Contact Telephone #	

Travel Information

Ground Transportation (from Boston College)

Length of Trip		Destination	
Departure Date		Departure Time	
Return Date		Return Time	

Mode of Transportation		# of Vehicles	
List of Drivers			

Bus/Rental Car Info	
Telephone #	

Hotel Arrangements (if necessary)

Hotel	
Hotel Address	
Hotel City	
Hotel State	
Hotel Zip Code	

Air Travel Arrangements (if necessary)

Airline	
Depart Airport	Depart Flight #
Destination Airport	Return Flight #

***Please fill out this form completely and attach your finalized TRAVEL ROSTER.
Also if traveling to multiple locationS please attach additional contact information. ***

<u>OFFICE USE ONLY</u>	
This trip has been approved.	
Assistant Director of Club Sports:	
Signature: _____	Date: _____