CLUB SPORTS TRAVEL ITINERARY

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. ***

OFFICE USE ONLY

This trip has been approved.

Assistant Director of Club Sports:

Signature: _____ Date: _____