

**XAVIER UNIVERSITY
RECREATIONAL SPORTS
CLUB SPORT TRAVEL ITINERARY**

This travel itinerary must be submitted to the Club Sports office 5 days prior to travel.

CLUB _____ TODAY'S DATE _____

DESTINATION _____ DATE OF TRIP _____

DURATION OF TRIP _____ DAY _____ OVERNIGHT _____

TIME LEAVING XAVIER _____ AM/PM

TIME RETURNING TO XAVIER _____ AM/PM

REASON FOR TRAVEL _____

MODE OF TRAVEL (AIRLINE, BUS, RENTAL VAN, PERSONAL AUTO ETC.) _____

OVERNIGHT RESIDENCE:

MOTEL _____ PHONE _____

HOTEL _____ PHONE _____

CAMPUS/COLLEGE _____ PHONE _____

OTHER _____ PHONE _____

ADDRESS: _____

XAVIER UNIVERSITY COACH OR CHAPERONE*:

NAME(PRINT) _____ PHONE _____

NAME(SIGN) _____ DATE _____

CLUB ADVISOR SIGNATURE:

NAME(PRINT) _____ PHONE _____

NAME(SIGN) _____ DATE _____

ASSISTANT DIRECTOR'S APPROVAL:

NAME(SIGN) _____ DATE _____

**Chaperone's must be approved in advance by the Assistant Director and complete the Chaperone Agreement Form.*

ALL STUDENTS GOING ON TRIP MUST HAVE THE APPROPRIATE FORMS ON FILE (ASSUMPTION OF RISK, MEDICAL FORM, AND PHYSICAL) IN ORDER TO BE ELGIBLE TO GO. DRIVERS MUST ALSO HAVE A DRIVER CLEARANCE FORM ON FILE.

TRAVELING ROSTER	EMERGENCY FAMILY CONTACT NAME/NUMBER	DRIVING (YES/NO)	SAFETY OFFICER (YES/NO)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____