



CAMPUS RECREATION

TRAVEL REQUEST FORM

Club Name: _____
Club Leader Name: _____ Phone #: _____
Email Address: _____

Date Trip STARTS: _____ Date Trip ENDS: _____

TRAVEL LOGISTICS

Will you need lodging?

[] Yes [] No

Will you need to pay Registration for this event?

[] Yes [] No

What is your mode of Transportation for this trip?

[] Personal Vehicle [] Rental Vehicle [] Charter Bus [] Other

TRIP DETAILS

Destination #1 (City, State): _____

Destination #2 (City, State): _____

Destination #3 (City, State): _____

Name of Venue: _____

TRAVEL DATES AND TIMES

Departure (from Edwardsville): _____

Arrival at Destination #1: _____

Departure (Destination #1): _____

Arrival at Destination #2: _____

Departure (Destination #2): _____

Arrival at Final Destination: _____

VEHICLE REQUEST

Type of Vehicle(s) and Quantity(ies) [Example: 2- 7 passenger vans and 1 car]: _____

Vehicle(s) Pick Up [When do you want to pick up the vehicle(s)?]: _____

Vehicle(s) Drop off [When do you want to drop off the vehicle(s)?]: _____

Club Drivers (Any drivers must submit the driver approval form)

Driver #1 Name: _____

Driver #2 Name: _____

Additional Drivers: _____

LODGING REQUEST *(Include contact information and cost per room)*

Lodging Option #1: _____

Lodging Option #2: _____

Lodging Option #3: _____

Number of Rooms: _____

Number of Beds per room: _____

Number of nights: _____

Date Check IN: _____

Date Check OUT: _____

Name on Reservation: _____

FOR OFFICE USE:

Name: _____ Date: _____ Initials: _____

Administrative Follow-Up:

