



Sport: _____ Date: _____

Opponent:	_____	Mode(s) of Transportation (choose from the drop down list)	_____
Location:	_____	Airline & Flight Number (if applicable)	_____
Event/Game(s) Date & Time:	_____	Vehicle (Number of Drivers & Drivers Names)	_____
Departure Date/Time:	_____	Hours behind wheel each way? (Staff Drivers)	_____
Return Date/Time:	_____	Departure City:	_____
# of Missed Class Days:	_____	Arrival City:	_____
Will Student-Athletes Receive Per Diem?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hotel Name, Address and Phone Number	_____ _____ _____

Traveling Staff Members:

Head Coach	_____	Manager	_____
Assistant Coach	_____	Manager	_____
Assistant Coach	_____	Trainer(s)	_____
Assistant Coach	_____	Other Staff	_____
SID	_____	Other Staff	_____

Student-Athletes:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaches Signature: _____	Date: _____
Compliance Approval: _____	Date: _____
Additional Signature: _____ (If required per team travel policy)	Date: _____