

**CSUN SPORT CLUB
TRAVEL ITINERARY/ROSTER
(Application must be submitted 5 working days before date of trip)**

Team: _____ Today's Date: _____

Team/Requestor: _____ Trip Purpose: _____

Coach-Cell Phone #: _____ Captain-Cell Phone #: _____

Destination: _____ Opponent (name): _____ Phone: _____

Departure Day: _____ Date: _____ Hour: _____

Return Day: _____ Date: _____ Hour (est): _____

Coaches accompanying team: _____

Route Club is traveling: _____

If overnight trip, list information of team location (Hotel, local resident):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Method of Transportation?:

Rental Vehicle/s

Private Vehicle/s

Other (explain)

Note: *All drivers of commercial or private vehicles must have the following minimum insurance coverage:*

\$ 15,000 - Personal injury to, or death of, one person

Plus

\$ 30,000 for injury to, or death of, two or more persons in one accident

Plus

\$ 5,000 for property damage

The driver of a vehicle assumes any and all responsibility for any and all moving and parking violations.

(Continued)

Note: By signing, I verify that the information supplied above is complete and correct, I also understand that travel is not approved until this form is signed below by the SC Coordinator and ASREC Director.

Signature of Requestor

Date

Note: By signing, I approve this travel request

Sport Club Coordinator Signature

Date