



# Drexel Club Sport Travel Itinerary

To be completed and submitted to the Club Sports Coordinator  
a minimum of two (2) business days prior to travel.



**Club Sport Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Person Completing Form:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Contact for Trip:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## Reason for Traveling:

Game / Match  Practice  Trip  Community Service  Other \_\_\_\_\_

## Trip Information (be specific with all information)

**Date of Departure:** \_\_\_\_\_ **Time of Departure:** \_\_\_\_\_

**Location of Departure:** \_\_\_\_\_ **ETA:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date and Time Returning:** \_\_\_\_\_

**Location of Arrival:** \_\_\_\_\_ **ETA:** \_\_\_\_\_

## Contest Information

**Host institution(s):** \_\_\_\_\_

**Contact(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location(s) of Contest(s):** \_\_\_\_\_

**Date(s) of competition:** \_\_\_\_\_

**Time(s) of competition:** \_\_\_\_\_

**Opponent(s):** \_\_\_\_\_

## Method of Transportation

**Personal vehicle** (Please list driver and name of members in each vehicle - on next page)

### VEHICLE 1

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

### VEHICLE 4

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

### VEHICLE 2

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

### VEHICLE 5

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

### VEHICLE 3

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

### VEHICLE 6

(First Initial, Last Name)

**Driver:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_

**Rental Agency:** \_\_\_\_\_ **Rental Agreement #:** \_\_\_\_\_

**Driver(s)** \_\_\_\_\_

**Type of Vehicle(s):** \_\_\_\_\_

**Method of Transportation Continued** Walking    Drexel Transportation    Train Chartered Bus: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Contract # \_\_\_\_\_ Airplane - Airline Company \_\_\_\_\_  
Departing Flight #: \_\_\_\_\_ Arriving Flight # \_\_\_\_\_**Lodging Information**

Registered Under (Person's Name) : \_\_\_\_\_

Hotel #1: \_\_\_\_\_ Dates of Stay \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Phone #: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

**Travel Policies**

Check to designate club will abide by basic safety policies of RAO:

- Club is to have a cell phone on trip.
- Only official club persons may travel with club. No family, friends or the like in vehicles or buses.
- Club is to have list of emergency contacts of all members on trip. RAO can provide list if needed.
- Club is to have issued First Aid Kit on trip.
- Club is to abide by driver responsibilities stated on Driver Agreements.
- Club is to have Accident & Incidents Forms on trip & submit to RAO next business day upon arrival home.
- Injuries are to be reported to club sports athletic trainer upon arrival home.

**Travel Safety Recommendations-**

Check to designate club is aware of basic travel safety recommendations of RAO:

- Passengers/drivers are to wear seat belts at all times.
- Recommend avoiding driving between 12AM-6AM
- Have knowledge of weather. Call ahead to destination & make a safe decision regarding travel.
- Have a cell phone, but do not use cell phone while driving.
- Drivers should be well rested. It is recommended that someone awake sit in front seat next to driver to observe driver. It is recommended that rest stops be taken every three hours.
- Restrict driving to no more than 600 miles or 12 hours total in any one day.
- Develop an emergency action plan (EAP) in case an accident occurs while traveling or an injury occurs during a contest that requires hospitalization. See RAO for help in developing an EAP for your club.
- Call Club Sport Administrator for ANY emergency or problem on the road (leave message if needed)

**Sign below to signify you have read the above safety recommendations:**\_\_\_\_\_  
Signature of Club Representative\_\_\_\_\_  
Date**FOR ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT  
Club Sports Coordinator-215-895-2025****For Use of Recreational Sports Office**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_