Mandatory Travel Form

The mandatory travel form must always be completed forty-eight (48) hours before any Sport Club travels to any away events. The information is significant in regards to WIU insurance purposes. It is important that the information below be complete and thorough. Reimbursements will be held until the proper forms are completed.

Sport Club Name: ________________________________________  Today’s Date: _____________

Name of WIU Sport Club Contact: ____________________ Phone Number: __________________

Advisor to Club: ____________________________________ Campus Phone: __________________

Opposing School Contact Name: _____________________  Phone Number: __________________

Name of Event/ Opponent: __________________________ Date/Time of Event: ____________

Trip Itinerary: (Departure time/date, arrival time, scheduled stops etc. BE SPECIFIC!)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Names, Cell Phone Number (if possible and Student ID # of Students Traveling:

1. ________________________________________ 2. ________________________________________

PH: ____________________________________           PH: ____________________________________

ID: ____________________________________           ID: ____________________________________

Emergency Contact (w/ phone number):             Emergency Contact (w/ phone number):

___________________________________________________________________
Emergency Contact (w/ phone number): ___________________________  Emergency Contact (w/ phone number): ___________________________

Please list addition members travelling on a separate sheet of paper and attach to this form

Name of Potential Drivers and driver License Number: (Note all potential drivers must have turned in a photocopy of their driver’s license and proof of insurance before driving)

1. ____________________ DL# ____________________________________
2. ____________________ DL# ____________________________________
3. ____________________ DL# ____________________________________
4. ____________________ DL# ____________________________________
5. ____________________ DL# ____________________________________

Total Number of Vehicles Traveling: __________

Lodging: Name and Address of Establishment (Hotel, Motel, Teammate’s home etc.):
_________________________________________________________________
_________________________________________________________________
City/ State/ Zip Code: ________________________________________________
Phone Number of Establishment: _____________________________________

Pertinent Medical History of Participants (asthma etc.):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

As a reminder, all students who participate in a Sport Club event must sign a waiver of liability before participating. Should any emergency occur, please notify the Director of Campus Recreation immediately.