

**BOWLING GREEN STATE UNIVERSITY SPORT CLUBS
TRAVEL ROSTER/ITINERARY – 2008-09**

(Mandatory)(due by the Tuesday prior to event) avail on Web!

Name of Sport Club: _____ Date: _____

Destination: _____ One-way Trip Mileage: _____

Travel Route & Details: (i.e. caravan together, driving separately, etc.): _____

Purpose of Trip: _____

Departure date & time _____ Return date & time _____

Mode of Transportation(rentals/how many?) or personal vehicles(how many?) _____

Drivers on this trip: Please make sure all drivers have accurate and complete Motor Vehicle Statement Forms on file w/ the SC Office 5 days before traveling. No driver may transport other team members unless they have been cleared by BGSU Risk Management. *Please have all travelers view the Risk Management trip policies at: <http://www.bgsu.edu/downloads/finance/file10554.pdf>, and <http://www.bgsu.edu/downloads/finance/file10555.pdf>*

Lodging: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Number of rooms _____ Hotel Expense: _____ **Circle One:** Quote Attached/Estimate

Travel Party(print name & PO#)(please include athletes,coaches/advisors,etc...)

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |

List the authorized “**Trip Leader(s)**” who will be in charge on this trip:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

I certify that all members whose names and ID#’s appear above are eligible to represent the club according to the guidelines listed in the BGSU Sport Club Handbook.(**Not approved until SC Office Rep. has signed off**)

Club Officer signature

Sport Clubs Office Representative signature

Date

Date