

SOUTHWESTERN UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
SPORT CLUB PROGRAM
CJR 215 – 863-1606

Travel Checklist

This form must be completed and submitted to the Sport Club Director by 5 p.m. on the Monday prior to departure and at least 3 days prior to departure for SIRA to officially recognize your activity as sport club related and alert Student Activities of your plans.

Event Information

Date Submitted _____ Person completing form _____

Club _____ Event _____

Purpose of trip _____ Date(s) of event _____

Destination _____ Method of Travel _____
School City

Round Trip Mileage _____

Site Phone # _____ Site Contact _____

Depart: Day _____ Date _____ Time _____ Return: Day _____ Date _____ Time _____

Trip Leader(s): _____ Mobile Phone # _____

Local hospital address and phone: _____

Travel Questions

- Does SIRA have completed Sport Club Participation Packets and copies of health insurance for all traveling club members? Yes No
- Have designated drivers completed the University's Driver Training Course? Yes No
- Have designated drivers completed SIRA's Driver Orientation training? Yes No
- Does SIRA have copies of all designated drivers' driver license? Yes No
- Will the club use a SU vehicle? Yes No
- Will the club use an Enterprise vehicle? Yes No
- Will the club use a private vehicle? Yes No
- If using private vehicles, does SIRA have copies of all drivers' auto insurance? Yes No
- Will the club travel at night? Yes No
- How many vehicles will travel together as a caravan? 1 2 3 4

- Will this form be turned in by 5 p.m. on the Monday prior to departure and at least 3 days prior to departure? Yes No
- Have all club members been informed of the policies and procedures regarding traveling outside the club's travel plans? Yes No
- Has the club's first aid kit been checked for completeness? Yes No
- Are all of the traveling club members' emergency information and medical history forms in the first aid kit? Yes No

Lodging Information

If spending the night, list overnight lodging place for each night:

Place	Address	Phone #
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Place	Address	Phone #
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Roster Information

In alphabetical order, please list those club members and coaches going on the trip. Please designate those who plan to drive by placing an asterisk* next to the person's name, designate those who plan to travel outside the club's plan by circling the person's name, and designate those who will serve as Safety Officers by placing a box around the person's name.

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|-----|-----|
| 1. | 13. |
| 2. | 14. |
| 3. | 15. |
| 4. | 16. |
| 5. | 17. |
| 6. | 18. |
| 7. | 19. |
| 8. | 20. |
| 9. | 21. |
| 10. | 22. |
| 11. | 23. |
| 12. | 24. |