

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): _____

3. _____ 4. _____

PH: _____ PH: _____

ID: _____ ID: _____

Emergency Contact (w/ phone number):

Emergency Contact (w/ phone number):

5. _____ 6. _____

PH: _____ PH: _____

ID: _____ ID: _____

Emergency Contact (w/ phone number):

Emergency Contact (w/ phone number):

7. _____ 8. _____

PH: _____ PH: _____

ID: _____ ID: _____

Emergency Contact (w/ phone number):

Emergency Contact (w/ phone number):

9. _____ 10. _____

PH: _____ PH: _____

ID: _____ ID: _____

Emergency Contact (w/ phone number):

Emergency Contact (w/ phone number):

11. _____ 12. _____

PH: _____ PH: _____

ID: _____ ID: _____

Emergency Contact (w/ phone number):

Emergency Contact (w/ phone number):

13. _____ 14. _____

PH: _____ PH: _____

ID: _____ ID: _____

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 even must sign a waiver of liability before participating. Should any emergency occur, please notify the Director of Campus Recreation immediately.