



TRAVEL INFORMATION AND ROSTER

** this form must be submitted no later than 24 hours prior to departure**

Sport:

EVENT NAME:

COMPETITION DATE(S):

DEPARTURE DATE:

RETURN DATE:

TIME:

TIME:

FROM:

FROM:

TRAVELING BY:

COACHES:

MANAGERS:

ATHLETIC TRAINER:

OTHERS:

TOTAL NUMBER IN TRAVEL PARTY:

HOTEL:

HOTEL TELEPHONE:

TEAM TRAVEL ROSTER:

Copies to: Ron Wellman
Sport Administrator

Equipment Room
Sports Medicine

Athletic Communications
Student-Athlete Services

Athletics Compliance Office

**REMINDER: Use this form when submitting to the Business Office for team meal reimbursement.*