

# FINAL TRAVEL ITINERARY

Your Group or Organization

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\_\_\_\_\_  
(Club Name)

\_\_\_\_\_  
(Date)

Travel Destination:

Contact Person at Travel Destination:

Phone #:

Purpose:

Departure Date:

Departure Time:

Return Date:

Return Time:

Method of Travel:

*If traveling by automobile, all drivers must complete a Driver Declaration Form*

Vehicle Type:

\_\_\_\_\_

Rental Company:

Rental Company Phone #:

\_\_\_\_\_

Rental Company Address:

Drivers:

_____	_____
_____	_____
_____	_____
_____	_____

Travel Route:

Lodging Name & Address:

\_\_\_\_\_

\_\_\_\_\_

Lodging Phone #:

\_\_\_\_\_

Do all Club Members, Advisors, and Guests have appropriate travel and medical insurance?

Yes

No

Please List All Travelling Club Members, Advisors, and Guests:

