

# TRAVEL APPLICATION & ITINERARY

Club: \_\_\_\_\_ Application Date: \_\_\_\_\_

Using Allocations: \_\_\_\_\_ If yes, what for: (circle all that apply) Lodging Vehicle Rental Gas Registration

\*To use allocations this form must be in 10 days prior to trip. Receipts/proof of purchase must be turned in within 5 days of returning from travel.

\*Rental vehicles must be rented through the Rec Sports office if you wish to use allocations.

Event Name: \_\_\_\_\_ Destination: (City, State) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## TRAVEL DATE

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Is overnight lodging required: \_\_\_\_\_ If yes, where: \_\_\_\_\_

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## TRANSPORTATION

How is your team traveling: FSU Vehicle Rental Private Vehicle

**Driver Information:** (Any member who will be driving must have ALL information filled out)

Does your club have a driver information sheet on file: \_\_\_\_\_ (If yes, you don't need to refill out their information)

**Driver #1 Name:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_

Make/Year of Vehicle (not needed if using FSU Vehicle): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**Driver #2 Name:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_

Make/Year of Vehicle (not needed if using FSU Vehicle): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

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## FACULTY/STAFF/COACH TRAVELING WITH TEAM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

-----OFFICE USE ONLY-----

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

SIGN: ASSISTANT DIRECTOR – CLUB SPORTS

DATE



FERRIS STATE UNIVERSITY  
University Recreation

CLUB SPORT TRAVEL

