

**Southern Illinois University Edwardsville
Club Sports
Department of Campus Recreation**

TRAVEL ROSTER

This document must be submitted & approved 2 days prior to travel date.

Sport Club: _____ Date: _____
Opponent: _____ Location: _____
Date of Contests: _____

NAME (Print)

1. _____
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NAME (Print)

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30. _____

Coaches

- 1) _____
- 2) _____
- 3) _____

Club President's Signature: _____ Date: _____
Club Advisor's Signature: _____ Date: _____
Club Sports Staff Approval: _____ Date: _____

Travel is not approved until signed off by Sport Club Staff member.