TRAVEL REQUEST FORM

Club Name: _______________________________________
Club Leader Name: _________________________________   Phone #: __________________________
Email Address: _____________________________________

Date Trip STARTS: ___________________    Date Trip ENDS: _____________________________

TRAVEL LOGISTICS
Will you need lodging?
☐ Yes ☐ No

Will you need to pay Registration for this event?
☐ Yes ☐ No

What is your mode of Transportation for this trip?
☐ Personal Vehicle ☐ Rental Vehicle ☐ Charter Bus ☐ Other

TRIP DETAILS
Destination #1 (City, State): _____________________________
Destination #2 (City, State): _____________________________
Destination #3 (City, State): _____________________________
Name of Venue: ______________________________________

TRAVEL DATES AND TIMES
Departure (from Edwardsville): __________________________
Arrival at Destination #1: _______________________________
Departure (Destination #1): _____________________________
Arrival at Destination #2: _______________________________
Departure (Destination #2): _____________________________
Arrival at Final Destination: _____________________________

VEHICLE REQUEST
Type of Vehicle(s) and Quantity(ies) [Example: 2- 7 passenger vans and 1 car]: ___________________________

Vehicle(s) Pick Up [When do you want to pick up the vehicle(s)]: _______________________________
Vehicle(s) Drop off [When do you want to drop off the vehicle(s)]: _______________________________
Club Drivers (Any drivers must submit the driver approval form)
Driver #1 Name: _____________________________________
Driver #2 Name: _____________________________________
Additional Drivers: ____________________________________________________________________
____________________________________________________________________________________
LODGING REQUEST (Include contact information and cost per room)
Lodging Option #1: ________________________________________________________________

Lodging Option #2: ________________________________________________________________

Lodging Option #3: ________________________________________________________________

Number of Rooms: _____________________________
Number of Beds per room: _______________________
Number of nights: _____________________________
Date Check IN: _________________________________
Date Check OUT: _______________________________
Name on Reservation: ________________________________________________________________

FOR OFFICE USE:

Name: ___________________________________________ Date: ___________________ Initials: ______

Administrative Follow-Up:
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________