University of California, Santa Cruz  
Office of Physical Education, Recreation and Sports  
Sports Club Program

TRAVEL REQUEST
This form must be completed for each trip and submitted to the Sport Club Office 
14 days prior to any club related travel.

Club: ____________________________ Date Submitted: ______________________

Travel Coordinator Name: _________________________________________________

Phone: __________________________ E-mail: ________________________________

Trip Leader Name: (if different than above): ________________________________

Phone: __________________________ E-mail: ________________________________

EVENT: __________________________________________________________________

DAY(S) & DATE(S) OF EVENT  
(For instance: Sat & Sun, March 5 & 6, 2011)

DESTINATION (School, City & State): ________________________________

Trip Departure Day, Date & Time from Santa Cruz: __________________________ 
(For instance: Fri. March 4 at 4:00pm)

Trip Return Day, Date & Time to Santa Cruz: ____________________________

Number of People Traveling _______________ Number of Vehicles: ____________

If there are more than 3 Vehicles, please attach a sheet of paper listing Vehicle #4, #5, etc.

Vehicle #1 - Driver Name: ________________________________________________

☐ UCSC Rec Van ☐ UCSC Fleet Services vehicle ☐ Enterprise Rental ☐ Private Vehicle

(For Office Use Only - Drive Authorization Form On File? Circle One: Yes No )

Vehicle #2 - Driver Name: ________________________________________________

☐ UCSC Rec Van ☐ UCSC Fleet Services vehicle ☐ Enterprise Rental ☐ Private Vehicle

(For Office Use Only - Drive Authorization Form On File? Circle One: Yes No )

Vehicle #3 - Driver Name: ________________________________________________

☐ UCSC Rec Van ☐ UCSC Fleet Services vehicle ☐ Enterprise Rental ☐ Private Vehicle

(For Office Use Only - Drive Authorization Form On File? Circle One: Yes No )
Travel Request (cont.)

Driving Route (please provide detailed description or attach a map):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ YES, we plan to FLY to this event. I have attached a sheet with the following information for all team members and coaches:
  • Name of Airline
  • Departure Date, Time and Flight #. Include departing airport and arriving airport.
  • Return Date, Time and Flight #. Include departing airport and arriving airport.

LODGING:

HOTEL Name: _____________________________________________
Address: ____________________________________________________
Phone: (_______) ____________________________
_____ Number of Nights Dates of Stay: _________________

PRIVATE HOME - Name of host: _____________________________________________
Address: ____________________________________________________
Phone: (_______) ____________________________
_____ Number of Nights Dates of Stay: _________________

If there is more than one private home, please attach a sheet with contact information.

Travel Coordinator Statement:
All of the information supplied above is accurate to the best of my knowledge. I understand and have informed all club members of their responsibilities while participating and competing in the event and on this trip. I pledge to exercise appropriate care and prudence while representing the club and obey all laws in order to assure club members and my safety. I have read, understood and agree to abide by the UCSC Sports Club Travel Policies. As the Travel Coordinator for my Sports Club, I understand that I am responsible for implementing the safety procedures outlined in the UCSC Travel Policies.

Travel Coordinator Signature: ________________________________ Date: __________

Approved: ________ Date: ______________ Copy to Club:________ Copy to File _______