



# University of Colorado Boulder

## COLLEGIATE SPORT CLUBS TRAVEL ROSTER & ITINERARY

Club Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Club Contact: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Type of Competition: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

Club Members and Coaches Traveling: **Please attach a detailed roster of travelers.**

Prepare a list of estimated expenses for the trip: registration/entry fees; lodging; vehicle rental or airfare (if applicable); gas/mileage estimates. **See below.**

**Registration/Entry Fee:** (Define individual or team fees) \_\_\_\_\_

### **Lodging:**

Name of hotel/motel: \_\_\_\_\_

Address of hotel/motel: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of nights booked: \_\_\_\_\_

Dates of nights booked: \_\_\_\_\_

Rate per night: \_\_\_\_\_

Num. of rooms: \_\_\_\_\_

Total amount: \_\_\_\_\_

### **Vehicles:**

Private vehicle: (Names of Drivers) \_\_\_\_\_



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Number of vehicles: \_\_\_\_\_

Roundtrip Mileage: \_\_\_\_\_

**Rental vehicle:** \_\_\_\_\_

Rental Agency: \_\_\_\_\_

Vehicle type (i.e. size of van, car, etc.): \_\_\_\_\_

Number of vehicles: \_\_\_\_\_

Rate Per/Day: \_\_\_\_\_

Number of days: \_\_\_\_\_

**Total Estimate:** \_\_\_\_\_

## **Air Travel:**

Air Travel (i.e. United, American, etc.): \_\_\_\_\_

Ticket Rate: \_\_\_\_\_

Flight number: \_\_\_\_\_

Departure date: \_\_\_\_\_

Return date: \_\_\_\_\_

**Please attach a detailed roster of travelers, flight numbers, departure/return dates, etc.**

## **Detailed Itinerary:**

Attach a detailed itinerary highlighting points A-Z, departure location, date and time through the end of the trip.

## **Emergency Action Plan:**

1. Perform CPR and/or First Aid as needed.
2. Contact local emergency numbers, 911.
3. Contact Club Sports Coordinator (Kris 303-902-1594 or Patty 303-263-4819) to report incidents or injuries. The coordinator will notify appropriate University personnel and emergency contacts of those involved.
4. Immediately after the incident go on-line and complete the accident report and submit to a coordinator. Take written and signed reports from all witnesses.

Club Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Sports Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_