

CALIFORNIA STATE UNIVERSITY, LONG BEACH
CLUB SPORTS AND RECREATION
Trip Request/Approval Form

Sport Club _____

Event Name _____

Travel Destination _____

Travel Itinerary _____

Trip Leader _____ Cell #: _____

Coach Name _____ Cell #: _____

Attach list of (a) Travel Party and (b) Drivers (please indicate who is in each vehicle)

Event Dates and Times: _____

Departure: Date: _____ Time: _____

Return: Date: _____ Time: _____

Opponent Contact Name(s) at Destination: _____

Phone #: _____

Lodging Name & Address: _____

Phone #: _____

Method(s) of Transportation (check all applicable, and number if > 1)

University Van Rental Van Rental Car Airplane

Private Vehicle Other (specify): _____

Trip Leader Signature

Date

OFFICE USE ONLY:

Approved _____

Signature

Date