

# University of West Florida—Recreation

## Sport Club Travel Request Form

Sport Club:

Date Received:

(office use)

**General Guidelines--Please check each box to indicate understanding and completion of each guideline.**

- All traveling participants must be active members, advisors, coaches, or instructors
- All traveling participants must have a completed Informed Consent form on [imleagues.com/uwf](http://imleagues.com/uwf)
- The main contact on the trip must have completed the Travel Policy Quiz for current semester
- The main contact is the ONLY person who can receive reimbursements for the group
- Submission of this form is required at least 5 business days before (15 for cash advance) trip departure. Any changes to original submission must be reported to the Competitive Sports GA before trip departure.
- Clubs must notify the Competitive Sports GA when they arrive at destination, if accidents/incidents occur, and when they return to Pensacola
- A Travel Follow-Up Form must be submitted by the Wednesday after trip return with attached receipts and/or change if applicable
- All trips and travelers must comply with the mission and policies of Recreation and Wellness at all times regarding finances, vehicle usage, alcohol and other substance use, and risk management.

### Trip Information--Please complete every area

Main Contact:

Phone Number:

Trip Purpose:

(Attach itinerary: such as a tournament / conference schedule or proof of activity schedule.)

Destination:

Departure Date:

Departure Time:

Return

Return Time:

### Transportation- Choose all that apply

(A copy of the driver's insurance card and license must be on file with the GA)

#### Rental Vehicle Request

Type:

How Many:

Driver:

Age:

Driver:

Age:

#### Personal Vehicle(s)

Driver:

Tag #:

Driver:

Tag #:

Driver:

Tag #:

Confirmation

Number:

(Office Use)

**Other**

Description:

### Funding-- Give amount for those requiring use of SGA-allocated funds

Vehicle:

Lodging Total:

Total Cash Advance:

Gas:

# of Rooms:

Total Prepay:

Registration:

# of Nights:

Total Reimbursement:

Other:

Other:

# Sport Club Travel Roster

List everyone who will be traveling with your club. Notify the Competitive Sports GA if you need to add someone to this list after it has been turned in.

Sport Club:

Date Received:

	First Name:	Last Name:	UWF ID#:	Staff Approval
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>
11.	_____	_____	_____	<input type="checkbox"/>
12.	_____	_____	_____	<input type="checkbox"/>
13.	_____	_____	_____	<input type="checkbox"/>
14.	_____	_____	_____	<input type="checkbox"/>
15.	_____	_____	_____	<input type="checkbox"/>
16.	_____	_____	_____	<input type="checkbox"/>
17.	_____	_____	_____	<input type="checkbox"/>
18.	_____	_____	_____	<input type="checkbox"/>
19.	_____	_____	_____	<input type="checkbox"/>
20.	_____	_____	_____	<input type="checkbox"/>
21.	_____	_____	_____	<input type="checkbox"/>
22.	_____	_____	_____	<input type="checkbox"/>
23.	_____	_____	_____	<input type="checkbox"/>
24.	_____	_____	_____	<input type="checkbox"/>
25.	_____	_____	_____	<input type="checkbox"/>