



Stephen F. Austin State University  
Sport Club Program  
**Travel Roster**

Sport Club: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Location/Destination: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Officer Contact while on trip: \_\_\_\_\_

Phone # on Trip: \_\_\_\_\_

All drivers must complete the following information. Please complete all sections.

### Driver Information

Driver 1

First & Last Name: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Make/Model of Vehicle & License Plate #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Driver 2

First & Last Name: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Make/Model of Vehicle & License Plate #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Driver 3

First & Last Name: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Make/Model of Vehicle & License Plate #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Driver 4

First & Last Name: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Make/Model of Vehicle & License Plate #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Driver 5

First & Last Name: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Make/Model of Vehicle & License Plate #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

List all club members, coach(s), and advisors who will be traveling. Each vehicle must have a minimum of 4 people; the only exception is uneven # of travelers. Please list the first and last name of the person riding in each car. Attach another sheet if necessary. Please PRINT clearly.

<b>Car Assignments</b>				
<i>Car 1</i>	<i>Car 2</i>	<i>Car 3</i>	<i>Car 4</i>	<i>Car 5</i>
Name:	Name:	Name:	Name:	Name:
CID#:	CID#:	CID#:	CID#:	CID#:
Name:	Name:	Name:	Name:	Name:
CID#:	CID#:	CID#:	CID#:	CID#:
Name:	Name:	Name:	Name:	Name:
CID#:	CID#:	CID#:	CID#:	CID#:
Name:	Name:	Name:	Name:	Name:
CID#:	CID#:	CID#:	CID#:	CID#:
Name:	Name:	Name:	Name:	Name:
CID#:	CID#:	CID#:	CID#:	CID#:

<b>Hotel Room Assignments</b>				
<i>Room 1</i>	<i>Room 2</i>	<i>Room 3</i>	<i>Room 4</i>	<i>Room 5</i>
Room #:	Room #:	Room #:	Room #:	Room #:

<b>Hotel Information</b>		
Is the place you are staying a hotel or a club member's home?	Hotel	Home
Hotel Name:	_____	
Address (Enter home address if applicable):	_____	
City/State/Zip:	_____	
Phone Number:	_____	

*This form is to be completed and turned in to the Sport Club Office three days before scheduled departure date.*

**Club President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	
SC Approval: _____	Date: _____
Notes: _____	

_____	Y N	_____
Points Awarded	Updated	Initials