

FGCU SPORT CLUBS TRAVEL AUTHORIZATION FORM

TRIP INFORMATION

Club Name	Program/Trip/Competition	Dates
-----------	--------------------------	-------

Destination	Departing Time & Date	Returning Date & Time
-------------	-----------------------	-----------------------

TRIP LEADER INFORMATION

Name	Position with club	Cell Phone #
------	--------------------	--------------

Address

Emergency Contact Name	Emergency Contact Phone #	Relationship
------------------------	---------------------------	--------------

As the Sport Club President, Advisor & Trip Leader I am aware of the above detailed trip and agree to abide by all rules and regulations of travelling with a Sport Club stated in the Sport Clubs Handbook. I confirm that only the people listed on the attached roster are travelling and they are all aware of the Sport Club travel rules and regulations. I have checked that all members travelling have a current FGCU Sport Club waiver completed and on record with the Sport Club Office. I have checked that all drivers have their license and insurance details on record with the Sport Club Office and have had a driving license for at least 3 years. **I am also aware of the consequences of travelling without approval and that this trip is not approved until the Sport Club Coordinator signs below.**

CLUB PRESIDENT	TRIP LEADER	CLUB ADVISOR	SPORT CLUB COORDINATOR
_____ SIGNATURE	_____ SIGNATURE	_____ SIGNATURE	_____ SIGNATURE