### GENERAL INFORMATION

Dates of Travel: ___/___/ 20___ - ___/___/20___

Club Name: __________________________________________________________________________

Person Completing Form (must be traveling with team): ___________________________________

Phone Number of the Primary Contact: _____ - _____ - _______

Email of the Primary Contact: ______________________________

Destination of trip:
_____________________________________________________________________________________

Purpose of trip:
_____________________________________________________________________________________

Location and Name of Lodging (if applicable): ________________________________

### TRAVEL ITINERARY INFORMATION

Time of Departure from Reno: ____:____ am pm

Estimated Time of Arrival at Destination: ____:____ am pm

Time of Departure from Destination: ____:____ am pm

Estimated Time of Arrival in Reno: ____:____ am pm

Route Taken (out/in-bound):
_____________________________________________________________________________________

_____________________________________________________________________________________

Total Mileage of Trip: _______________miles

Mode of Transportation:
- [ ] Personal Vehicle – If so, how many vehicles? _________
- [ ] Charter Bus
- [ ] Plane
- [ ] Train
- [ ] Bus
- [ ] Rental Car(s)

**Attach Roster of all Students Traveling**