

TRIP REQUEST / APPROVAL FORM

University of Manitoba – Recreation Services
Rec Clubs

(Club Name)

(Date)

Contact Information:

Trip Leader Name: _____ Cell Phone #: _____

Coach's Name: _____ Cell Phone #: _____

Travel / Event Information:

Event Name: _____

Travel Destination: _____

Travel Itinerary:

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Lodging Name & Address: _____

Lodging Phone #: _____

Event Dates & Times:

Opponent / Event Hosts' Contact Name(s) at Destination: _____

Opponent / Event Hosts' Phone #: _____

Method of Transportation *(include the intended Rental Company/Business):*

- Rental Van
- Rental Vehicle
- Private Vehicle
- Airplane
- Other (specify): _____

If Rental Van, Rental Vehicle, Private Vehicle or any other form of transportation whereby drivers are required, a Driver Authorization Form must be completed and submitted with the Trip Request/Approval Form.

Trip Leader Signature: _____

Date Submitted: _____