

# FINAL TRAVEL ITINERARY

University of Manitoba – Recreation Services  
Rec Clubs

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\_\_\_\_\_  
(Club Name)

\_\_\_\_\_  
(Date)

Travel Destination: \_\_\_\_\_

Contact Person at Travel Destination: \_\_\_\_\_ Phone #: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Method of Travel: \_\_\_\_\_

*If traveling by automobile, all drivers must complete a Driver Declaration Form*

Vehicle Type: \_\_\_\_\_

Rental Company: \_\_\_\_\_ Rental Company Phone #: \_\_\_\_\_

Rental Company Address: \_\_\_\_\_

Drivers:

_____	_____
_____	_____
_____	_____
_____	_____

Travel Route:

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Lodging Name & Address:

_____
_____

Lodging Phone #:

_____
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Do all Club Members, Advisors, and Guests have appropriate travel and medical insurance?

- Yes
- No

Please List All Travelling Club Members, Advisors, and Guests:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


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**Trip Leader Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_