Cal Poly Pomona Sport Clubs INDEPENDENT TRAVEL ITINERARY FORM

To Send Form Electronically, Save to Desk Top or File Folder and Attach To An E-Mail Please Type The Information Below

I acknowledge that I have read and signed a RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS. I understand the Release Of Liability I signed applies to travel to and from Sports Clubs Team events. I understand that I am not covered by any insurance carreid by Cal Poly Pomona or Associated Students, Inc. while I am traveling independently to and from Sport Clubs events.

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KOUND 11	RIP TRAVEL		ONE-WAY TRAV			
GENERAL TRAVEL INFORMATIO	ON		Date	e of Request:		
Athlete Name:	N	Phone umber:	E-Ma	nil:		
Sports Club Team:	Dest (City &	tination State):	Purpos	se:		
Depature Date:	Departur					
Return Date:	Return	Return Time:				
Emergency Contact:	N	Phone umber:	Е-М	ail:		
LODGING INFORMATION Name of Hotel or	Fill In Multiple Lodging I	Locations if Applicable	e and/or Submit A Separate	Travel Itinerary Form For I	Each Location	
Residence: Location #1	Arrival	D	eparture	Phone Number:		
(City & State): Location #2 (City & State):	Date: Arrival Date:	D	Date: eparture Date:	Phone Number:		
Location #3 (City & State):	Arrival Date:	D	eparture Date:	Phone Number:		
TRANSPORTATION INFORMATIO		Fill In 1				
	/Rental Vehicle		Airline Serv			
Name of Transportation Service(Airline, Rental Car Company, etc.):	In Transportation Information, Att	acn r ugm iuneraries, c	Departure Date:	Return Date:		
			Departing Flight #:	Return Flight #:		
Athlete Signature						
Team President Name		Advisor Name		Parent/Guardian Name(Parent/Guardian Name(if athlete is under 18)	
Team President Signature		Advisor Signature		Parent/Guardian Signature		
Date	_	Date			Date	