Stony Brook University
Department of Campus Recreation
Club Sports – Off Campus Trip Cover Sheet

Please fill out all trip information and hand to Marie Turchiano or Tom St John at Campus Recreation Center
ATTACH WITH LENS CHECK FORM

| Club Name: __________________________ | Date of Trip: __________________________ |
| Trip Coordinator: __________________ | Trip Location: __________________________ |
| Coordinator Position: ______________ | Address: ______________________________ |

### Trip Itinerary

| Date of Departure From SBU: ______________ | Date Returning to SBU: ________________ |
| Time of Departure From SBU: ______________ | Time Returning to SBU: ________________ |

### Lodging/Hotel Information

Please only fill out if you are Staying overnight at a Hotel or other Lodging
Please remember to submit hotel information to USG for reimbursement

| Location: ____________________________________________ |
| Address: ____________________________________________ |
| Contact Information: __________________________________|

### Travel Information

- [ ] Personal Cars
- [ ] LIRR
- [ ] Coach Bus
- [ ] Airplane (Attach flight information required)
- [ ] Rental Cars/Van (Attach LENS Check Forms for all drivers)

**EACH DRIVER’S PERSONAL CAR INSURANCE COVERAGE WILL BE CALLED UPON IN THE EVENT OF PROPERTY DAMAGE, PERSONAL INJURY OR ACCIDENT. SUBMIT SECOND SHEET IF MORE THAN FOUR DRIVERS**

*(For more than four drivers, print out additional copies and fill out just this section)*

| Driver Name: ____________________________ | Driver signature: ____________________________ |
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*See Additional Trip Notes on reverse side*
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Additional Trip Notes/Information

_____________________________________________________________

Are support staff going? (Coaches, Managers, AT’s, etc.)

Name________________________ Contact # ________________

Title/Duties________________________________________________

Name________________________ Contact # ________________

Title/Duties________________________________________________

Expected number of Non-University guests: ______________________

Is this a fundraiser? □ Yes □ No

Selling tickets to event? □ Yes □ No

Using an off-campus caterer? □ Yes □ No

Using campus catering? □ Yes □ No

What is your funding source? _________________________________