



Campus
Recreation

Hofstra University Club Sports Competition Roster & Itinerary Form

-This form must be submitted to the Club Sports Office, Fitness Center, Room 201, at least 48 hours before travel.

Date Form Completed: _____

Club: _____

Person Completing Form: _____ Phone: _____

Event: _____ Destination: _____

Host Institution: _____

Purpose of Trip: _____ Days Gone on Trip: _____

Contact at Destination Site (i.e. Tournament Director, Hotel, etc.): _____

Phone Number of Contact: _____

Departure Day, Date, Time: _____

Return Day, Date, Time: _____

Club Officer in Charge of Trip: _____

Phone Number of Contact: _____

Method of Travel: _____



Campus
Recreation

Travel Roster and Itinerary Form

Total Number of Club Members Attending/Participating: _____

Attending Club Members, Coaches/Instructors and Advisors: Note: Only members who appear on the following list and have completed the participation release form are eligible for club travel. Please designate coaches/instructors and/or advisors. Alphabetize all members.

NAME

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