

University of Richmond
SPORT CLUB TRAVEL ITINERARY

Club Name: _____ Date: _____

Club Contact: _____ Phone: _____

Travel Destination _____

Type of Competition/Event _____

Departure Date _____ Time _____

Competition Date _____ Time _____

Return Date _____ Time _____

Facility Manager: _____ Phone: _____

Overnight Lodging: _____ Dates: _____ Phone: _____

Club Members Traveling: _____

Mode of Transportation (*Please circle*):

Private Vehicles Rental Vans* University Vans Air Travel Other

*15 Passenger Vans are prohibited.

EMERGENCY ACTION PLAN:

1. Perform resuscitation and/or First Aid as needed.
2. Contact local emergency numbers.
3. Contact Recreation and Wellness On-call person at 355-6791 to report accident or injuries. If necessary contact University of Richmond Police (804-289-8711).
4. Immediately after the incident, sit down with all involved and fill out accident reports. Take written and signed reports from all witnesses.

Business Manager: _____ Date: _____