



SDASA TRAVEL FORM

Complete form at least (5) days prior to departure. Must be signed and returned to you by a Director for approval. Please Email the completed form to Coedsoccer.sfasl@midconetwork.com.

****PLEASE ATTACH TRIP ITINERARY TO THIS FORM****

(If applicable, include car list with drivers and their passengers and/or flight #'s and times)

If driving a private vehicle: I, the undersigned, as a driver for the aforementioned club, acknowledge my responsibility for the safety of the people riding with me. I will make every effort to drive within the limits of the law and always drive with discretion. I understand the university provides NO INSURANCE coverage for my travel or for the passengers in my vehicle. It is my responsibility to have current, up-to-date insurance to cover and accidents that may occur while traveling.

As traveling members of Your Home Association and/or SDASA, I understand that my actions do not only represent myself and my team, but also Your Home Association and/or SDASA as a whole. My actions on this trip shall be guided by the policies of Your Home Association and/or SDASA.

TOURNAMENT NAME- _____

DEPARTURE

Day(s) _____ Date(s) _____ Time(s) _____

RETURN

Day(s) _____ Date(s) _____ Time(s) _____

LODGING INFORMATION

Place _____ Address _____ Phone _____

EMERGENCY CONTACT FOR TRIP

Name _____ Email _____ Phone _____

EVENT CONTACT INFORMATION

Name _____ Email _____ Phone _____

SIGNED/APPROVED

_____ Date _____ Phone _____

DIRECTOR