

Illinois State University
Department of Recreation Services
Sport Clubs

Travel Itinerary

Club Name: _____

Contact: _____

Day 1: Overnight Accommodations

Date: _____
Lodging: _____
Address: _____
Phone: _____

Day 2: Overnight Accommodations

Date: _____
Lodging: _____
Address: _____
Phone: _____

Day 3: Overnight Accommodations

Date: _____
Lodging: _____
Address: _____
Phone: _____

Day 4: Overnight Accommodations

Date: _____
Lodging: _____
Address: _____
Phone: _____

Day 5: Overnight Accommodations

Date: _____
Lodging: _____
Address: _____
Phone: _____