University of Louisville Sports Club Federation

Activity Agenda / Travel Itinerary Form

This form must be completed and submitted to the Sports Club Coordinator prior to the trip, or the club cannot represent the University of Louisville.

Club Name:Club Representative:		Activity or Event:Location:	
Representative Phone #: Description of Activity:		Date:	Time:
List all drivers and their license #:	Sta	te: License #:	Insurance (Y/N)
Contact Phone #:			
If staying overnight:	Address:		
claims for any damage to person o	s, our heirs, ex r property by t tion, or any of	negligent act we may their agents, for any	trators, waive and release all rights and have against the University of and all injuries suffered by us or to
Signature of all attending event:			Parent/Guardian (if under 18)