



South Alabama Club Sports

Travel Review Form

\*Please return this form within a week after trip return to the Department of Campus Recreation Office\*

Club Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date and Time Returning: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Name of Trip Leader: \_\_\_\_\_

Cell Phone Number of Trip Leader: \_\_\_\_\_

Please list all driver's names and tag numbers

Name	Tag Number

Please list all lodging locations and addresses

Lodging	Address

How was your trip?

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Highlights of your trip?  
(Accomplishments and Awards)

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What will you do differently in the future to improve your trip?

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