

Towson University  
Sports Club Organization  
***Post Trip Form***

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

Form Submitted By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Trip: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

Location of Trip: \_\_\_\_\_

**Please Fill Out The Following:**

Total Attendance: \_\_\_\_ = Club Members: \_\_\_\_ Coaches: \_\_\_\_ Other: \_\_\_\_

Self- funded cost pp: \$\_\_\_\_\_ (This information will be taken into consideration for future club requests.)

Number of Injury Forms Turned In: \_\_\_\_ Follow-Up Required: Y / N

**Highlights of the Trip:** (Please be Specific – Opponents, Results, Websites w/ Results and Statistics, Activities)

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**Please State Any Problems / Additional Comments:** (Please be Specific)

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