



Club Travel
Authorization
Application

Club Travel Authorization Application

Club travel authorization application for

☐ **Domestic travel** (application must be received by SABVC a minimum of three weeks in advance of the date of the proposed travel)

☐ **International travel** (application must be received by SABVC a minimum of three months in advance of the date of the proposed travel)

Application date: ____/____/____

Travel information

Traveling to (final destination): _____

Itinerary: _____

Traveling by (plane, bus, own vehicle, rented vehicle, etc.): _____

Departure date: ____/____/____

Arrival date: ____/____/____

Activity information

Activity (event, conference, meeting, etc.): _____

Activity full address: _____

Activity sponsor/organizer: _____

Activity sponsor/organizer's contacts:

Email: _____

Tel(s): _____

Activity date(s): from ____/____/____ to ____/____/____

Accommodation information

Accommodation at: _____

Accommodation full address: _____

Accommodation's contacts:

Email: _____

Tel(s): _____

Accommodation date(s): from ____/____/____ to ____/____/____



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Club information

Club's name: _____

Number of club's members applying for the travel authorization: _____

Please inform the reason(s) why club member(s) want to attend the event/activity. Please do not forget to mention what benefits this travel will bring to the club.

_____.

Club's attendee(s) information

Each attendee must complete the form below. Participants that are not indicated in this list will not be considered by SABVC for application's approval and/or insurance purposes. If your application has more than 3 participants, please contact the SABVC Clubs Representative.

Full name: _____ Student ID # _____

Email: _____ Phone: _____

Emergency contact's name _____ Phone: _____

Do you have a personal travel insurance? ☐ No ☐ Yes

If so, which travel insurance do you have? _____

Observations/comments: _____

Full name: _____ Student ID # _____

Email: _____ Phone: _____

Emergency contact's name _____ Phone: _____

Do you have a personal travel insurance? ☐ No ☐ Yes

If so, which travel insurance do you have? _____

Observations/comments: _____



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Full name: _____ Student ID # _____

Email: _____ Phone: _____

Emergency contact's name _____ Phone: _____

Do you have a personal travel insurance? ☐ No ☐ Yes

If so, which travel insurance do you have? _____

Observations/comments: _____

Club representatives' signatures

Club President

Date: ____/____/____

Club Treasurer

Date: ____/____/____

For Office Use Only

Club travel authorization application is ☐ approved ☐ denied by Students' Council.

Students' Council Chair's signature

Date: ____/____/____

SABVC Executive Director

Date: ____/____/____

Application date: ____/____/____

Application approval: ____/____/____