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# SPORTS TEAM ITINERARY

**Email to:** *BSofia@golden-memories.com*, *PForella@golden-memories.com*, *KBowe@golden-memories.com*

**Team Name:** _____ **LINQ Charter #:** _____

**Departure Date:** _____ M T W TH F S SU (CIRCLE) **Return Date:** _____ M T W TH F S SU (CIRCLE)

**Coach Size: 34 / 55** **Driver Request:** _____

**Athletic Coach:** _____ **Cell #:** _____

| ITINERARY INFO | DAY 1 | DAY 2 | DAY 3 |
|---|---|---|---|
| Pick Up Location: | | | |
| Motor Coach Report Time: | | | |
| Departure from Home College Time: | | | |
| Arrival Time at Destination College: | | | |
| Practice Time(s): | | | |
| Game/Event Time(s): | | | |
| Field Facility Name: | | | |
| Arrival Time at Hotel: | | | |
| Meal Time: | | | |
| Meal Location (Name/Address): | | | |
| Departure Time from Hotel: | | | |

**Hotel Name:** _____ **Address:** _____

**Hotel Phone:** _____

**Hotel Check-out Time:** _____ **Return Time to Home College:** _____