

Campus Recreation

SPORT CLUB TRANSPORTATION REQUEST FORM
(SUBJECT TO VAN AVAILABILITY)

SPORT CLUB _____ DATE _____

SUBMITTED BY _____ PHONE _____

EMAIL _____

VAN TYPE: ___ 12 PASSENGER ___ HIGH GEAR VOLUME

PRIORITY	# OF VANS	LEAVE UMASS (DATE/TIME)	ARRIVE UMASS (DATE/TIME)	DESTINATION	DRIVER	APPROVED/ VAN NUMBER

PRIORITY:

1 = HIGHEST
3 = LOWEST

DRIVER MUST BE:

- OVER 21 YEARS OLD
- UMASS/AMHERST STUDENT EMPLOYEE
- CLEARED TO DRIVE VANS BY
TRANSPORTATION COORDINATOR

VAN/KEYS:

- MUST BE PICKED UP ON TIME
- MUST BE RETURNED ON TIME
- LOG SHEET COMPLETED
- CLEANED OF ALL TRASH

NOTE: NOTIFY THE TRANSPORTATION COORDINATOR (413-658-5751) OF ANY CHANGES IN THIS REQUEST.

CAMPUS RECREATION DIRECTOR