

Texas A&M University – Corpus Christi Sport Clubs

Post Event Report

This form must be on file in the Recreational Sports Office within 48 hours after return from activity.

Date Form Completed: _____ Club: _____

Person Completing Form: _____ Phone: _____

Event: _____ Location: _____

Host Institution: _____

Purpose of Trip: _____ Days Gone on Trip: _____

Actual departure date and time: _____

Actual return date, time: _____

Method of Travel: _____

Total Number of Club Members Attended/Participated: _____

Expenses:

Gas: _____ Tolls: _____ Lodging: _____

Vehicles: _____

Results: _____
