WKU Campus Recreation & Wellness

Travel Wrap-Up

Must be submitted within 2 days of returning back to campus

Sport Club _____

Name Submitting Form _____

Phone number/email of person submitting _____

Event Date: _____ Host Institution _____

Event Description _____

_____

_____

Event Results _____

Were there any Accidents or Incidents that need reported? Yes No

Was the proper paperwork completed for the Accidents/Incidents? Yes No N/A

What went well for this event? _____

What can be improved in the future? _____