

OLD DOMINION UNIVERSITY
RECREATIONAL SPORTS DEPARTMENT

POST-EVENT DOCUMENTATION FORM

SPORT CLUB: _____ EVENT DATE: _____

TYPE OF EVENT: _____

PERSON MAKING REPORT: _____

CONTACT NUMBERS: _____

TRAVEL EVENT

LOCATION: _____

MILEAGE (Roundtrip): _____ # of members participating: _____

TYPE OF TRANSPORTATION: _____ # of vehicles: _____

EQUIPMENT USED: _____

HOME EVENT

LOCATION: _____

NUMBER OF MEMBERS PARTICIPATING: _____

EQUIPMENT USED: _____

DETAILS OF EVENTS: _____

COMMENTS OR PROBLEMS WITH EVENT: _____

WIN, TIE, OR LOSS and SCORE _____

SPORT CLUB PRESIDENT: _____

SPORT CLUBS COORDINATOR: _____

DATE and TIME RECEIVED: _____