



## International Travel Form

\*This form must be completed and returned to the CLA office prior to team departure\*

**Destination:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Travel Date:** \_\_\_\_\_ (mm/dd/yy) **to** \_\_\_\_\_ (mm/dd/yy)

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Player: \_\_\_\_\_ Player: \_\_\_\_\_

Head Coach: \_\_\_\_\_ NCCP #: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ NCCP #: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ NCCP #: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ NCCP #: \_\_\_\_\_

Manager: \_\_\_\_\_

### Accommodation Information

Hotel Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Emergency Team Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Member Association: \_\_\_\_\_

MA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received in CLA Office: \_\_\_\_\_