



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: _____