



TRAVEL DESTINATION: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mm / yy)

DATE OF RETURN: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mm / yy)

NAME OF INSURED/ TEAM NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

### LIST OF TRAVELERS (ROSTER)

Member Class Code: Employee = E      Manager = M      Coach = C      Official /Referees = R  
Volunteer = V      Player = P      Trainer = T      Directors/Officers = D

	Last Name	First Name	Date of Birth (dd/mm/yy)	Province of Residence	Class Code
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**Please also include your detailed itinerary.**

