TRAVEL DESTINATION: _____

DATE OF DEPARTURE: ____/____/____ (dd / mm / yy)

DATE OF RETURN: ____/____/____ (dd / mm / yy)

NAME OF INSURED/ TEAM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE:_____ TELEPHONE # _____

LIST OF TRAVELLERS

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