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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: | |
| Head Coach: Asst. Coach: Asst. Coach: Asst. Coach: Manager: | | NCCP #: NCCP #: NCCP #: NCCP #: | |
| Accommodation Hotel Name: Address: | on Information | Telephone: Email: Fax: | |
| Emergency Tea | am Contact: | | |
| Emergency Pho | one Number: | | |
| Member Associ | iation: | | |
| MA Signature: | | Date: | |
| Date Received | in CLA Office: | | |