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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 Info Hotel Name: Address:	rmation	Telephone: Email: Fax:	
Emergency Team Con	tact:		
Emergency Phone Nu	mber:		
Member Association:		_	
MA Signature:		Date:	
Date Received in CLA	Office:		