



TEAM TRAVEL INFORMATION

Please email or fax this form to your Competition Administrator prior to your Departure.
Please print carefully or type.

GENERAL INFORMATION

Team Number: _____ Country/Region: _____

School Name: _____

Team Contact Name: _____

Ms./Mrs./Mr./Dr. *First Name* *Last Name*

Tel: _____ Fax: _____

(Codes) *(Codes)*

ARRIVAL INFORMATION

This Team will be arriving on _____

Arrival date and time

at _____ by _____.

Arrival point (airport/station) *Mode of transportation (flight/train/car)*

This Team [] will [] will not attend the Orientation Meeting.

CONTACT INFORMATION DURING THE COMPETITION

Local Contact Name: _____

Local Contact Phone Number: _____

Alternate Contact Name: _____

Alternate Contact Phone Number: _____

Hotel/Host Name: _____

Hotel/Host Phone Number: _____

Hotel/Host Address: _____

Street and Number

City *State/Region* *Postal Code*

ADDITIONAL ACCOMMODATIONS

Please list the name(s) of any team members or team advisors who will need special accommodations during the Competition, and the type of accommodations needed, such as wheelchair access, hearing assistance, observance of Saturday Sabbath, etc.:

