

ASCA TRAVEL AND DECLARATION FORM

Address of HOST	Remarks
	Please complete this form and return as early as possible but not later than: Date.....to the host address.
COMPETITION	DATE

THIS SECTION TO BE COMPLETED BY THE GUEST AIRLINE

Name	First Name	Official Competitor YES or NO	Supporter YES or NO	Year of birth

Write both of the participants names sharing double rooms in the boxes indicated. In the case of a single rooms request leave one of the fields empty:

Arrival date	Flight number First choice	Arrival Time	Approx. number of persons

Departure date	Flight number First choice	Departure Time	Approx. number of persons

Name of the team representative:	Contact Info (E-mail, Fax, Phone)
----------------------------------	-----------------------------------

I certify that all participants named above are in accordance with ASCA General Rules 4.7.2. "Entitled to participate in official ASCA competitions". I understand that any breach of the above ASCA General Rules will mean the disqualification from the competition.

AIRLINE	ASCA DELEGATE in Block letters	DATE:	SIGNATURE