

TRAVEL FORM

2024 CANADA CUP OF DIVING MAY 2ND TO 5TH, 2024 | CALGARY, CANADA

COUNTRY:	3-LETTER COUNTRY CODE:
FULL NAME: (MAIN ON-SITE CONTACT)	EMAIL: (MAIN ON-SITE CONTACT)
WHATSAPP NUMBER: (MAIN ON-SITE CONTACT)	ROLE: (MAIN ON-SITE CONTACT)

ROOMING LIST

		Delegate #1		Delegate #2	
Arrival Date	Departure Date	Full Name	Role	Full Name	Role

TRAVEL INFORMATION

ARRIVAL INTO CALGARY INTERNATIONAL AIRPORT (YYC):

# People	Arrival Date	Delegate(s) Name(s)	Arrival Time	Flight #	Main Contact (NAME + WHATSAPP #)

DEPARTURE FROM CALGARY INTERNATIONAL AIRPORT (YYC):

# People	Departure Date	Delegate(s) Name(s)	Departure Time	Flight #	Main Contact (NAME + WHATSAPP #)

WE FLY | PLUS HAUT

DIETARY RESTRICTIONS

Please specify any severe allergies, medical considerations, or dietary restrictions for individuals
within your delegation.

OTHER INFORMATION

Other Special Information / Notes / Comments

*Please mention any special considerations the LOC should know about that would prevent members of your delegation from walking a short distance between the hotel/metro and venue.

PROOF OF VALID TRAVEL-MEDICAL INSURANCE

IMPORTANT. The LOC is requesting to see proof of valid travel/medical insurance prior to arrival for all delegations. Please attach your certificate to this form, or send it by email to canadacup@diving.ca.

President or General Secretary Signature











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