



Alberta Horseshoe
Pitchers Association



OUT OF PROVINCE
TRAVEL INTINERARY

FORM MUST BE RETURNED TO MARY HOLLEY BY MAY 15.

EVENT: _____ **DATES** _____

PLEASE PRINT

NAME _____

ADDRESS _____

TOWN _____

POSTAL CODE _____

TRAVEL

Date departing _____

Stops between home & destination _____

Stops between destination & home _____

Date returning home _____

Estimated cost of fuel _____

Or Airline cost _____

If flying give Airline & flight # _____

ACCOMMODATION (Hotel or Camping)

Nights @ _____ **/night =** _____

ACTIVITIES

Describe what you will be doing each day when not playing

REMEMBER WHEN YOU SUBMIT YOUR CLAIM ALL RECEIPTS MUST BE SUBMITTED WITH THE CLAIM. CLAIMS WILL BE PAID ON A PERCENTAGE BASIS AS APPROVED BY AGLC. BE REASONABLE. THESE ITINERARIES AND CLAIMS WILL BE REVIEWED BY GAMING.

Signature