



Alberta Horseshoe
Pitchers Association



**OUT OF PROVINCE
TRAVEL INTINERARY**

PLAYERS ONLY - ONE FORM PER HOUSEHOLD

FORM MUST BE RETURNED TO MARY HOLLEY BY MAY 15.

MAIL TO: MARY HOLLEY, GENERAL DELIVERY, MADDEN, AB T0M 1L0

EVENT _____ DATES _____

PLEASE PRINT (LEGIBLY)

NAME / NAMES _____

ADDRESS _____

TOWN _____

POSTAL CODE _____

AGE - CIRCLE GROUP UNDER 21 22 - 59 OVER 60

TRAVEL

Date departing _____

Route to be traveled _____

Stops between home & destination (where and how long) _____

Stops between destination & home (where and how long) _____

Date arriving home _____

Estimated cost of fuel _____

Or Airfare cost _____ Airline & flight # _____

ACCOMMODATION

_____ Nights @ _____ / night = _____

ACTIVITIES

Describe what you will be doing each day when not playing

REMEMBER WHEN YOU SUBMIT YOUR CLAIM ALL RECEIPTS, FOR TRAVEL AND ACCOMODATIONS, MUST BE SUBMITTED WITH THE CLAIM. CLAIMS WILL BE PAID ON A PERCENTAGE BASIS AS APPROVED BY AGLC AND WITHIN APPROVED BUDGET.

Signature

Date: _____