



TEAM TRAVEL FORM

While OBA will extend liability coverage to the US, all teams must provide documentation of medical or health care coverage. Additional coverage can be arranged through HUB International Ltd.

TEAM DETAILS:

OBA member club			
Age category		Team contact	
Team phone number		Team email address	

TRAVEL INFORMATION:

Trip destination			
Departure date		Return date	

COMPETITION (TOURNAMENT) DETAILS:

Event name			
Event location		Event contact name	
Event contact phone		Event contact email	
Event start date		Event end date	

MEDICAL / HEALTH INSURANCE DETAILS:

Policy number			
Insurance effective date		Insurance expiration date	

TEAM DETAILS:

Name	Team Official	Athlete	Notes	Medical
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

CLUB APPROVAL:

Club representative			
Approved	<input type="checkbox"/>	Date	
		Signature	

Note: As per stated deadlines, a final copy of this document must be sent to Ontario Basketball at info@basketball.on.ca.