

1EF649A3

FOGANA TRAVEL SCHEDULE FORM



1. Group/ Organization Name: _____
address: _____
city: _____ State: _____ Zip: _____
2. Manager name: _____ Cell Phone: _____
3. Total no. of Participants: _____ Choreographer: _____ Manager: _____ Other: _____
4. Division & group : _____

ARRIVING DETAILS:

5. Using your own transportation ? _____ (Y / N)
6. Arriving airport: _____
7. Air Lines: _____
8. Flight Number: _____
9. Arriving Date: _____ Time: _____ AM/PM

Note: If connecting flights, use the last segment of the travel, while arriving

DEPARTING DETAILS:

10. Using your own transportation ? _____ (Y / N)
11. Departing airport: _____
12. Air Lines: _____
13. Flight Number: _____
14. Departing Date: _____ Time: _____ AM/PM