



Team USA Travel and Information Form

XXI World Transplant Games
Malaga, Spain

Your Response Needed by Thursday, April 6th

Enter your information in this form--when complete, email to
teamusa.worldgames@gmail.com

Or print this form, when completed, please scan and email to
teamusa.worldgames@gmail.com or fax to 813-636-8122

Every Team USA registrant—athlete, accompanying person, supporter, donor, donor family member—is asked to complete this form which is to collect additional information which will assist team management in servicing team needs.

This form needs to be completed by each registered team member—athlete, supporter, etc.—one form needs to be completed for each person. This will assist to ensure that we provide the correct items and services to every member of the team.

Please complete this information as it relates to your use of Games services only. If you are arriving before the Games and staying elsewhere before your Games accommodation begins, please only list the information regarding your reservation for Games accommodations. If you have requested a double room and do not yet have a roommate, please indicate “requested” or TBD.

Name: _____ Registration Confirmation #: _____

Travel (if not yet arranged, please leave blank.)

My Departure from U.S.:

Carrier/Flight or Other Mode: _____ Date/Time: _____

Arrival in Malaga:

Carrier/Flight or Other Mode: _____ Date/Time: _____

My Departure from Malaga:

Carrier/Flight or Other Mode: _____ Date/Time: _____

Arrival in U.S. if known:

Carrier/Flight or Other Mode: _____ Date/Time: _____

Travel Insurance

- I understand that I am responsible for my own travel arrangements and for any issues that may arise during my trip that would require my return, and that travel insurance (or documentation that my own insurance will provide this coverage) is required. [Information on travel insurance is available on the Team USA Page at: <https://aakp.org/team-usa/>]

Accommodation (Indicate use of Games housing only)

This section to be completed regarding your use of Games accommodation only.

I have requested:

Single Room Check-in: _____ Check-out: _____

Double Room Check-In: _____ Check-out: _____

Sharing with: _____ (or TBD)

Double room type: Room with one double bed Room with Two beds

Do you have any special accommodation needs or allergies? _____

If so, please explain: _____

Other information you feel we might need to know: _____
