

Out of Country Insurance Request

Project: **2017 UCI World BMX Championships** Code: _____
 Camp: _____
 Locations: **Rock Hill, SC USA**

Name	Member ID #	Date of Birth	Hometown, City Province	Start Date Leaving Home Province	Return Date to Home Province	Destination	Number of Days	TBA
Staff:								
Athletes								
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Total Due								\$ -

Minimum \$25 charge per Athlete