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| **Name:** Ms. Kathy Fong **Telephone:** +61 404 613 456 **Fax:** +61 2 9570 3717**E-mail:** 2016ozopen@gmail.com |
| **Head Office Address:** Unit 5 No.8, Technopark Drive. Williamstown. VIC. AUSTRALIA. |
| **﻿This Form should be completed and returned before 9 May 2016** |
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| **Badminton Association :** |   |

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| **Team Manager :** |   | **Email** |   |

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| **Office Phone No. :** |   | **Mobile No. :** |   |

**TRANSPORTATION APPLICATION FORM**

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| --- | --- |
| **Group 1** | **ARRIVAL** |
| Day/Date: |  |
| Time: |  |
| Airline: |  |
| Flight No: |  |
| Total no. of people: |  |
| Name of Group Leader |  |
| Hotel staying at: |  |

|  |  |
| --- | --- |
| **Group 2** (if applicable) | **ARRIVAL** |
| Day/Date: |  |
| Time: |  |
| Airline: |  |
| Flight No: |  |
| Total no. of people: |  |
| Name of Group Leader |  |
| Hotel staying at: |  |

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| --- | --- |
| **Group 3** (if applicable) | **ARRIVAL** |
| Day/Date: |  |
| Time: |  |
| Airline: |  |
| Flight No: |  |
| Total no. of people: |  |
| Name of Group Leader |  |
| Hotel staying at: |  |

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| **Group 4** (if applicable) | **ARRIVAL** |
| Day/Date: |  |
| Time: |  |
| Airline: |  |
| Flight No: |  |
| Total no. of people: |  |
| Name of Group Leader |  |
| Hotel staying at: |  |

**Note:**

**1. Transport pick up is for arrivals at Sydney Airport.**

**2. Transport is provided for participants staying at the official hotels only.**

**3. Please notify organiser if details have changed prior to arrival.**