|  |
| --- |
| **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** |
|  |

|  |  |
| --- | --- |
| **Badminton Association :** |  |

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

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

**TRANSPORTATION APPLICATION FORM**

|  |  |
| --- | --- |
| **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: |  |

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

|  |  |
| --- | --- |
| **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.**