

TTEAM Training – Crystal Lake, IL – June 2-4, 2017 DATA SHEET

Please complete this form and return to the TTouch Office no later than one month before the training.

Your Name					
Address		City		St Zip	
Phone	Fax	E-mail _			_
Emergency Co	ontact (Name, phone	number and e-mail):			
I am bringing a			yes	no	
I have signed m	ny horse up with the	ΓTouch office and the Far	m. yes	no	
Accommodation	ons: Please make you	ir arrangements with the l	notel of your cho	pice, then fill in the	following:
Accommodation					
I am staying at:					
Transportation					
Flying in/out of	f:				
Arrival Date &	Time:	A	Airline & Flight #	#	
Departure Date	& Time:	A	irline & Flight #		
I am willing to	share my car: yes	□no with (#)	people		
I would like ass	sistance with arrangin	ng a ride share: yes	□no		