**UMPIRES TRAVEL INSURANCE DECLARATION**

|  |  |
| --- | --- |
| **Umpire Details** |  |
| First Name |  |
| Last Name |  |
| Date of Birth\* |  |
| Telephone |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Event Details** |  |
| Name of Event |  |
| Location |  |
| Date of Event |  |

|  |  |
| --- | --- |
| **Travel Details** |  |
| Inclusive travel dates | From: To:  |
| Places of travel including commencement and final destination  |  |

**YOU MUST NOT BE TRAVELLING AGAINST THE ADVICE OF A MEDICAL PROFESSIONAL.**

**\*Individuals over the age of 80 will not be covered by this policy.** If you are aged over 80 please contact Sue Wressell to arrange individual cover.

Signed:

This form needs to be completed and returned to Sue Wressell by email to **sue.wressell@tabletennisengland.co.uk** before your travel commences.