

# OFC VENTURE CHALLENGE TRAVEL/HOTEL INFORMATION FORM

***PLEASE PRINT CLEARLY***

University Name: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Gender: M    F

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Will the faculty advisor accompany the team? \_\_\_\_ YES \_\_\_\_ NO

If yes, please provide:

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Depart. Date: \_\_\_\_\_ Depart. Time: \_\_\_\_\_

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## **TEAM MEMBERS INFORMATION:**

\_\_\_\_\_ Gender: M    F

\_\_\_\_\_ Gender: M    F

\_\_\_\_\_ Gender: M    F

\_\_\_\_\_ Gender: M    F

\_\_\_\_\_ Gender: M    F

## **ADDITIONAL PERSONS (please state faculty or student)**

\_\_\_\_\_ Gender: M    F

\_\_\_\_\_ Gender: M    F

*Indicate roommate preferences with arrows.*

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Depart Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_

If you have any questions or need further information, please contact  
Dr. Mohammad Bhuiyan at 404-441-7881 or [ofevc@hotmail.com](mailto:ofevc@hotmail.com)

Please complete this form and FAX to Dr. Mohammad Bhuiyan at 770-984-2966  
by March 1<sup>st</sup> of the competition year.