



# Ice Skating Australia Incorporated

Incorporated in the ACT  
Affiliated to the International Skating Union  
ABN 92 108 686 740  
Administration Office: PO Box 82 Archerfield Qld 4108  
Tel: + 07 3277 7563 (6) Email: administration@isa.org.au

## OVERSEAS TRAVEL INSURANCE FORM

ISA has available travel insurance for all persons travelling on ISA sanctioned trips that includes cover while participating and training in overseas competitions. Our broker, Ausure Insurance Brokers, has placed this cover with Liberty International Underwriters. Please read their PDS and coverage summary for full details of the policy (available on the ISA website) and to see whether this product is suitable for you.

**THIS WILL BECOME A TAX INVOICE WHEN THE COMPLETED FORM & FEE IS RECEIVED BY ISA. FEE AND FORM MUST BE EMAILED or POSTED TO ISA BEFORE DEPARTING AUSTRALIA. PAYMENT TO BE MADE BY DIRECT DEPOSIT TO THE ISA ACCOUNT (or by Cheque if posting).**

**COST IS \$90 (INC GST) PER PERSON PER  
MAXIMUM 180 DAY TRIP.**

Account name: Ice Skating Australia  
BSB: 034 081  
Account no: 144369

**THIS INSURANCE IS AVAILABLE TO ALL ATTENDING OVERSEAS ICE SKATING EVENTS, SKATERS, PARENTS, FRIENDS & ALSO COVERS TRAVEL NOT DIRECTLY RELATED TO THE EVENT.**

### APPLICANT INFORMATION (PLEASE PRINT)

Last name:		First:	Middle:	Mr. Mrs.	Miss Ms.		
Is this the name on your passport? Yes      No	If not, what is the name on your Passport?	(Former names):		Birth date: / /	Age:	Sex: M      F	
Street address:			City:	Home phone no.: (      )			
P.O. B ox:	City:		State:		Post Code:		

### TRAVEL INFORMATION (PLEASE PRINT)

Dates of Travel:	Departure date: / /	Return date: / /
Destination (please list all major places of travel) :		

### IN CASE OF EMERGENCY

Name relative or local friend:	Relationship:	Home phone no.: (      )	Work phone no.: (      )
The above information is true to the best of my knowledge.			
Signature of applicant or Parent/Guardian signature			Date

OFFICE USE ONLY	DATE RECEIVED:	PAYMENT DETAILS:	Form Update 14/3/20
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