SOUTHWEST MOUNTAIN STATES CARPENTERS TRAINING FUND

Albuquerque	ATC@swmsctf.org	Denver	DTC@swmsctf.org	Las Vegas	lasvegas@swmsctf.org	Riverside	Riverside@swmsctf.org	Tangent	TTC@swmsctf.org
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Burlington	BurlingtonTC@swmsctf.org	Kennewick	KennewickTC@swmsctf.org	Portland	PTC@swmsctf.org	Spokane	SpokaneTC@swmsctf.org		
DuPont	DuPontTC@swmsctf.org	Kent	KentTC@swmsctf.org	Reno	reno@swmsctf.org	Sylmar	STC@swmsctf.org		

Apprentice Travel Request Form

DEPT #	
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<u>Appren</u>	tice Inf	ormat	<u>ion:</u>	For ap	prenti	ces resia	ing 80 or m	ore miles from a	lesignated ti	raining c	enter.		
Name:								UBC ID:			Email:		
	(Na	ame m	ust mate	ch that c	n ID if	Flying)		_			·	Cell	
Traveli	ng to:							(If Flying) Birthdate:			_	Phone :	
Course	Name:	_						Start Date: _			_	End Date:	
Travel Addres		ation:											
Driving	; :	YES			NO				Flying:	YES		NO	
Depart	ıre City	(or A	irport):	: <u> </u>		_							
Outbou	nd Dat	e: _				-			Preferre	d Depar	ture Time:		_
Return	Date:	-				-			Preferre	d Depar	ture Time:		_
Special	Reques	t / Fre	quent I	Flyer#	_	-							
Hotel S	tay:												
NO			YES			Check-l	n Date:		<u>-</u>		Check-O	ut Date:	
Hotel S	tay:												
NO			YES			Check-l	n Date:		<u>.</u>		Check-O	ut Date:	
	F	orm r	nust be	comp	leted a	nd retu	rned 2 weel	ks prior to class	. Once cor	npleted	EMAIL 1	o your t	training center.
(Initials)													
	An Ap	orentic	e must	allow er	nouah c	ommute t	ime to check	into the hotel bet	veen the hou	rs of 3:00) p.m. – 11:	a .m.a	rior to the first day of training.
					_			incidental charge					
	•							-				•	
	Hotel ı related	rooms I traini	are pro	vided fo e requir	or an Ap red to re	prentice simburse	participating the SWMSC	in related training TF for such trainir	g. Any Appre na sessions :	entice wh any hotel	o fails to at costs, and	tend or fu any othe	ully participate in all sessions of
										•		•	
	email l	oy, <u>Fri</u>	day bef	send a ore the	reminde start of	er emall c the trainir	onזirming ap _l ng. Failure to	prentice accommon respond to the en	nail to confirn	week prid n will rest	or to the sta ult in the SV	int of class VMSCTF	 Apprentice's must respond to the cancelling hotel accommodations
	All Anr	rentic	es must	he che	cked ou	it of the hi	ntel hv 11:00	a m on the last da	av of training	class Ar	Annrentic	e must all	low enough commute time to
													sibility of the Apprentice.
	An Ap	prentic	e will no	ot be pro	vided h	otel stavs	s over a weel	kend or any day th	at does not p	recede a	training da	v: he or s	he is responsible for their own
							travel back h					,,	
													of the Apprentice, a member of
													curred due to damages, ake whatever steps necessary
							oprentice.	тато дрргенисе, у	viio lici c by a	uu 101 1263	aic Ovvivio		and whatever stops hedesodry
	The A	pprent	ice shal	l defend	I, indem	nify and I	nold harmles	s the Fund from a	nd against ar	ny claim i	ncludina th	e pavmer	nt of attorneys' fees and costs
	actual	y incu	rred whe	ether or	not litig	ation is co	mmenced b	ased on or in conr	nection with o	r arising	out of any lo	osses or c	costs incurred by the ion with such provisions.

Hotel Booking Policy and Requirements

Hotel accommodations are provided for an Apprentice participating in related training by the SWMSCTF. However, the SWMSCTF requires all apprentices requesting a hotel accommodation to complete the information below.

If you fail to show up on the check-in date(s) requested your card will be charged for a one-night stay and tax charges. When requesting reservations, please verify that the check-in and check-out dates are correct. If any late arrivals or early departures result in an extra fee the credit card listed below will be charged. All cancellations and or changes must be made (48) hours prior to check-in by contacting your training center. Effective **immediately**, a credit card is required in order to secure your reservation.

During the tenure of your apprenticeship if you request hotel accommodations and fail to show up on more than two separate occasions, the SWMSCTF will not make any more reservations on your behalf for the remainder of your apprenticeship. You will be responsible to make your own hotel accommodations and you will not be reimbursed.

Apprentice Credit Card Authorization Information

I,	, hereby authorize the SWMSCTF to charge r	my credit card for the hotel charges in association	
with:			
☐ - One-night stay Tax(es), and	d Fee(s) – No show		
Type of Card □ - AMEX	□ - Discover □ - MasterCard □	l - Visa	
Cardholder Name:		<u> </u>	
Credit Card Number:	<u>-</u>	<u> </u>	
Expiration Date:	Security Code (3 Digits)		
Billing Address:			
_			
	is authorization for a single transaction only a	credit card for a one night stay and tax charges on or aft and does not provide authorization for any additional	ter
Cardholder's Signature:			
By completing and signing bel legitimate and understand that t	ow, I confirm I have read and understand the a the SWMSCTF reserves the right to verify all in	above information. I certify all information in this form information provided by the card issuer.	is
Apprentice Signature:		Date:	
Coordinator Approval:		Date:	
If the Apprentice is a mine	or, a parent or guardian signature is required to assume legal	al and financial responsibility on behalf of minor Apprentice.	
Parent/Guardian Signature		Date:	