



**United States Olympic Committee  
Foreign Guest Coordination Form**



**NGB or USOC Division** \_\_\_\_\_ **Visiting Country** \_\_\_\_\_.

**Dates** \_\_\_\_\_ **Site** \_\_\_\_\_

**Program Title** \_\_\_\_\_

**Purpose of visit/request:**

Competition                       Training                       Protocol  
 Coaching exchange               Education/conference       Other (explain)

**Objective/reason/type of reciprocal agreement** \_\_\_\_\_  
 \_\_\_\_\_

**NUMBER OF FOREIGN GUESTS**

Athletes \_\_\_\_\_  
 Skill levels: (Indicate numbers for all that apply)  
 Olympic Caliber \_\_\_\_\_ National \_\_\_\_\_ Junior National \_\_\_\_\_  
 International Ranking \_\_\_\_\_ US Ranking \_\_\_\_\_  
 Coaches/Staff \_\_\_\_\_ Dignitaries \_\_\_\_\_ Other \_\_\_\_\_  
 Total Foreign Guests \_\_\_\_\_

**SERVICES REQUESTED**

Housing               Meals                       Training facilities               Strength & Conditioning  
 Sport Science       Tour/Special assistance       Other \_\_\_\_\_

**ADDITIONAL INFORMATION**

All foreign participants must complete the Foreign Guest Information Form. This information must be sent to the Operations Coordinator two weeks prior to arrival. If this information is not received two weeks in advance, they will not be able to check into the Training Centers.

**FEES**

The OTC charge for foreign guests staying on complex and using OTC services is \$60.00 per person/night. Off complex charge is \$25.00 per person/day for meals and use of facilities. An off complex facility use pass is \$5 per person/day. NGBs planning to charge foreign guests additional program fees should refer to the OTC Reference Manual, Page 44, section 4.33 for outline of OTC Charge Policies for events and training.

Fees will be the responsibility of:  
 NGB       Foreign Guests       IOC (explain below)  
 Other (explain) \_\_\_\_\_

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**To be completed by Responsible Party****INSURANCE REQUIRMENTS**

NGBs hosting International Guests at the US Olympic Training Centers have two options concerning the USOC Insurance requirements. Please check one of the following agreements.

\_\_\_\_\_ As the sponsoring NGB, we will provide General Liability and Medical insurance coverage under our insurance policies.

\_\_\_\_\_ As the sponsoring NGB, we will provide General Liability insurance under our policies. Medical insurance will be covered by securing TravMed at \$3 per person/day. The cost for Medical coverage will be added to the cost of the approved program. NOTE: A FULL LIST OF NAMES, EACH PERSONS CITY OF RESIDENCE, AND TRAVEL DATES MUST BE PROVIDED TWO WEEKS BEFORE PARTICIPANT ARRIVAL.

**CONTACT INFORMATION**

Requesting parties **MUST** designate a U.S. program coordinator(s) responsible for foreign guests prior to and during this visit/program. Responsibilities may include being housed at the OTC during on complex programs.

Prior to arrival \_\_\_\_\_ During \_\_\_\_\_

Phone/email \_\_\_\_\_ / \_\_\_\_\_

Foreign team/program leader \_\_\_\_\_

Form completed by \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Authorized Signature)

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**To be completed by NGB**

\_\_\_\_\_ Our NGB fully supports this foreign team's visit to the Olympic Training Center and will provide training assistance.

\_\_\_\_\_ Our NGB does not object to this foreign team's visit, however we will not provide training assistance.

\_\_\_\_\_ Our NGB does not support this program

\_\_\_\_\_ Other: \_\_\_\_\_

NGB Executive Director's Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(NGB Olympic Training Center Authorized Signature)

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**For USOC/OTC Use Only**

IR \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

OTC \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

OTC Program Number \_\_\_\_\_