

**NEWFOUNDLAND AND LABRADOR SOCCER ASSOCIATION**

 **39 Churchill Avenue, St. John’s NL A1A 0H7**

**Phone: (709) 576-0601 Fax: (709) 576-0588 Email:** **rob@nlsa.ca**

**PERMISSION TO TRAVEL- REQUEST FORM**

Name of Club/ Association: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Club/ Association representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENCLOSE TEAM ROSTER AND COACHING STAFF NAMES ON SEPARATE FORMS**

Tournament Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_Host Affiliation:\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mode of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_ Estimated Cost of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Roster Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

International Fee Paid ($150.00): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or;

Inter-Provincial Fee Paid ($50.00) \_\_\_\_\_\_\_\_\_

NLSA Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_