



TRAVEL SANCTION REQUEST APPLICATION

COVER PAGE

Please Print Clearly

Date Submitted: _____ **Type of Travel:**
Example: 23-Jan-07 **Within Canada** **International**

Team Traveling: _____ **Type of Team:**
Name **Association** **Travel** **Contingent**

Primary Contact: _____ **Home: (902)** _____ **Work: (902)** _____
Name

Email Address

Event Details:
Box **Field** **Male** **Female** **Co-ed**

Age Category:
T **N** **P** **U13** **B** **U16** **M** **I** **U19** **I/J** **J** **Snr**

Reason for Travel: _____
Name championship, tournament or tour

Please indicate if the conditions below have or have not been met by circling the appropriate answer to each.

Full management team in place:	YES	NO
All members of the team/contingent registered with LNSS:	YES	NO
The team has a Player/Adult Ratio < 6.0:	YES	NO
All members have travel/health insurance (International Only):	YES	NO
'Travel Package Binder' has been completed:	YES	NO

Please be advised that, this four-page application package can only be forwarded on to the LNSS once all four pages have been completed in their entirety.

TEAM/CONTINGENT

Primary Contact: _____
Name Signature Date

ASSOCIATION TEAM ONLY

Association President: _____
Name Signature Date

Please forward the complete 'Travel Sanction Request Application' package to
 Natasha Burgess - Lacrosse Nova Scotia Office - 5516 Spring Garden Rd Suite 311 - Halifax NS B3J 1G6



TRAVEL SANCTION REQUEST APPLICATION

TEAM/CONTINGENT ROSTER

Please Print Clearly

Team / Contingent Traveling : _____

	SURNAME	GIVEN NAME	JERSEY #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
			NCCP ID #
HC			
AC			
AC			
TR			
MA			
REF			

Primary Contact: _____
Signature: Date:

