**Form 10A**

** TRAVEL SANCTIONING REQUEST FORM**

I,       (NAME), on behalf of       (TEAM & ASSOCIATION) request approval from the RNB Board of Directors to participate in the tournament/game indicated below to be held from       (START DATE) to       (END DATE).

This tournament/game complies with the commitments to LTAD by RNB. I understand that RNB disciplinary and code of conduct policies are in effect while at the tournament/game and that action may be taken by RNB in the event of inappropriate actions, whether on or off the ice, by any member of the athletes, staff, or their chaperones as they are representing RNB.

***PLEASE COMPLETE ALL OF THE INFORMATION BELOW***

| APPLICANT NAME:      TEAM NAME:       ASSOCIATION:       |
| --- |
| EMAIL ADDRESS:       |
| PHONE NUMBERHOME:       WORK:       CELL:       |
| NAME OF TOURNAMENT(S)/TEAM PLAYING AGAINST IN GAME:       | HOST ASSOCIATION/PROVINCE:       | DATE(S):       |
| # OF ATHLETES TRAVELING:       | ACCOMODATIONS:       |
| METHOD OF TRAVEL:VAN ☐ CAR ☐ BUS ☐ PLANE ☐ TRAIN ☐ |
| CONTACT PERSON WHILE AT TOURNAMENT:      TELEPHONE:       |

**TOURNAMENT TEAM ROSTER**

| **ATHLETE NAME** | **D.O.B.** |
| --- | --- |
| 1.       | Y:       /M:      /D:       |
| 2.       | Y:       /M:      /D:       |
| 3.       | Y:       /M:      /D:       |
| 4.       | Y:       /M:      /D:       |
| 5.       | Y:       /M:      /D:       |
| 6.       | Y:       /M:      /D:       |
| 7.       | Y:       /M:      /D:       |
| 8.       | Y:       /M:      /D:       |
| 9.       | Y:       /M:      /D:       |
| 10.       | Y:       /M:      /D:       |
| 11.       | Y:       /M:      /D:       |
| 12.       | Y:       /M:      /D:       |
| 13.       | Y:       /M:      /D:       |
| 14.       | Y:       /M:      /D:       |
| 15.       | Y:       /M:      /D:       |
| 16.       | Y:       /M:      /D:       |
| 17.       | Y:       /M:      /D:       |
| 18.       | Y:       /M:      /D:       |
| 19.       | Y:       /M:      /D:       |
| 20.       | Y:       /M:      /D:       |

 **COACHING STAFF**

| NAME | NCCP NUMBER |
| --- | --- |
| COACH:       |       |
| ASSISTANT:       |       |
| ASSISTANT:       |       |
| MANAGER:       |       |
| TRAINER:       |       |
| OTHER:       |       |



| **FOR RNB OFFICE USE ONLY** |
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|  REQUEST APPROVED ☐ REQUEST DENIED ☐   |