

SOFTBALL NEW BRUNSWICK INC. TRAVEL PERMIT

DATE APPLIED: _____

NAME OF COACH/PLAYER/TEAM/OFFICIAL ISSUED: _____

TEAM NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: # _____ - _____ EMAIL: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

THIS COACH/PLAYER/TEAM/OFFICIAL IS DULY AFFILIATED WITH SOFTBALL NB

This coach/player/team/official is requesting permission to travel to:

TOWN: _____

PROVINCE/TERRITORY/STATE: _____

COUNTRY: _____

TO PLAY WITH / AGAINST OR OFFICIATE: _____

DEPARTURE DATE: _____

DATE OF RETURN: _____

**PROVIDED ALL RULES AND REGULATIONS OF THE
PROVINCIAL/TERRITORIAL/NATIONAL/INTERNATIONAL SOFTBALL
GOVERNING BODIES ARE ADHERED TO.**

Softball New Brunswick
900 Hanwell Road, Suite 13
Fredericton, NB, E3B 6A2
Email: executivedirector@softballnb.ca

Signed By: _____
Softball New Brunswick
Date: _____

Team Name: _____

Player's Name	Team (if Pick-up)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____

Coach: _____

Asst. Coach: _____

Manager: _____

Other: _____

Travel permits must be submitted a minimum of 7 business days prior to departure otherwise a \$50.00 administrative fee will be applied. No travel permits will be accepted less than 2 business days prior to departure.