



A Proud Member of US Soccer

Application To Travel

Team Name _____ Age Group U-____
League Affiliation _____ Home State ____
Team Manager _____ Telephone (____) _____
Address _____ City _____ State ____ Zip _____
E-mail _____ Cel. Phone (____) _____

Type of team _____ Team Departure Date _____

I state that during the departure date and returning dates, the team has no conflicting playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation.

Signature of Team Manager _____ Date _____

Tournament Information

We request approval to play in the _____ Tournament. To be held in _____, during the dates of _____

Tournament Director _____ Telephone _____
Address _____ City _____ State ____ Zip _____
E-mail _____ FAX (____) _____

Approval

(For Official Use Only)

Date / /

By **Craig Scriven**

Title **National Director**

In granting this permission to travel, neither US Youth Soccer, USSSA, nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.