



US Youth Soccer  
A Proud Member of US Soccer

Affiliated with the Federation Internationale de Football Association



OFFICIAL HOTEL OF US YOUTH SOCCER

Please Type or Print Clearly - Do Not Staple

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**I. APPLICATION TO TRAVEL**

Everyone requesting permission to travel **must** fill out this section.

Team Name \_\_\_\_\_ Age Group U- \_\_\_\_\_ Type of Team (see reverse side) \_\_\_\_\_ B / G (circle one)

League or Home Association \_\_\_\_\_ State Association or Affiliate \_\_\_\_\_ Team Departure Date \_\_\_\_\_

Team Manager or Coach \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W

Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

I state that during the dates below, 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 or Coach \_\_\_\_\_ Date \_\_\_\_\_

**II. TRAVEL TO A TOURNAMENT**

If you are requesting permission to travel to a tournament, you **must** fill out this section.

A copy of the approved Hosting Agreement or official brochure for this tournament **must** be attached.

We request approval to play in the \_\_\_\_\_ Tournament, to be held in \_\_\_\_\_, during the dates of \_\_\_\_\_

Tournament Director or Contact Person \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W

Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

**III. TRAVEL TO PARTICIPATE IN GAMES**

If you are requesting permission to travel to participate in games, you **must** complete this section.

A copy of the approved hosting form or, if outside the US, a copy of the official brochure, pamphlet, invitation, or other applicable material about the tournament or games must be attached.

We request permission to play games between the dates from \_\_\_\_\_ to \_\_\_\_\_ in the following locations (and attach a separate sheet, if necessary):

OPPONENT	CITY	STATE OR COUNTRY
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Hosting Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W

Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

**APPROVAL**

(For Official Use Only,

STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

In granting this permission to travel, neither US Youth Soccer 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.

DISTRIBUTION:  Team (White) /  State Association/Affiliate (Canary)

3/1/01