



Football NSW
 235 – 257 Meurants Lane, Glenwood NSW 2768
 PO Box 6146, Baulkham Hills Business Centre NSW 2153
 Phone: 02 8814 4400 Fax: 02 8814 4483
 Email: info@footballnsw.com.au www.footballnsw.com.au

FOOTBALL NSW
TOUR PERMIT – INTERSTATE TRAVEL

NAME OF TOURING CLUB:

ASSOCIATION:

BRANCH:

TYPE OF TEAM:

CLUB REPRESENTATIVES

ASSOCIATION REPRESENTATIVES

BRANCH REPRESENTATIVES

(TICK WHERE APPLICABLE)

AGE GROUP:

U/10 U/11 U/12 U/13

U/14 U/15 U/16 U/17

U/18 U/19 U/21 ALL AGE

NO. OF PLAYERS IN EACH:

TOTAL NO. OF OFFICIALS: NO. OF OTHERS TOURING:
 (LIST OF PLAYERS, OFFICIALS AND OTHERS ATTACHED)

TOUR MANAGER - NAME:

ADDRESS:

POSITION:

PHONE NUMBER: (BH) (AH)



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TOURING TO:

	DATE	DATE
1.	ARRIVE.....	DEPART.....
2.	ARRIVE.....	DEPART.....
3.	ARRIVE.....	DEPART.....
4.	ARRIVE.....	DEPART.....
5.	ARRIVE.....	DEPART.....

(FULL OFFICIAL ITINERARY TO BE ATTACHED)

HOST ORGANISATIONS:

CONTACTS AT DESTINATIONS:

NAME

PHONE NUMBER

(MUST HAVE ONE AT EACH
 DESTINATION POINT)

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

MODE/S OF TRAVEL:

TRAVEL INSURANCE ARRANGED WITH:

**INSURANCE MUST BE FOR ACCIDENT, SICKNESS & INJURY
 (CERTIFICATE/PROOF MUST BE ATTACHED)**

TYPE OF ACCOMMODATION FOR PLAYERS:

.....

NAME/S OF OFFICIAL COMPETITION PARTICIPATING IN:

.....



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APPROVAL IS GRANTED FOR THE TOUR BY:

NAME OF CLUB TOURING:

SECRETARY'S SIGNATURE: DATE:

NAME OF ASSOCIATION:

SECRETARY'S SIGNATURE: DATE:

BRANCH:

SECRETARY'S SIGNATURE: DATE:

FOOTBALL NSW:

SIGNATURE:

DATE: