

US Youth Soccer A Proud Member of US Soccer





Please Type or Print Clearly - Do Not Staple

Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

Even	I. APPLICATIO yone requesting permission to		ction.		
Team Name	Age Group U	Type of Team (see re	everse side)	_ B/G(circle one)
League or Home Association	State Association	or Affiliate	Team Depar	ture Date	
Team Manager or Coach			Telephone (w
Address	E-ma	all) -	H
City	State Zip		<u>(</u>) -	FAX
I state that during the dates below, the team sustained on the field and during transportation.	has no conflicting playing comm	itments at home. All players a	e fully insured to cove	r them against inju	ıries
Signature of Team Manager or Coach		· · · · · · · · · · · · · · · · · · ·	Date		
If you are reque A copy of the approved Hosting Agr We request approval to play in the		a tournament, you must fill or this tournament must be	attached.	eld in	<u> </u>
	during the dates	of		.: .	
Tournament Director or Contact Person			Telephone () -	w
Address	E-mail) -	н
City State	ZipCount	try		<u> </u>	FAX
A copy of the approved hosting form about the tournament or games must be attact	hed.	ipate in games, you must of the official brochure, par	nphlet, invitation, or	other applicabl	
We request permission to play game (and attach a separate sheet, if necessary):	s between the dates from	to	in	the following lo	cations
OPPONENT 1 2		CITY	STATE OR	COUNTRY	
3					
Hosting Organization					
Contact Person			Telephone (w
Address	E-mail		· (-		н
CityState	ZipCountry_				FAX
STATE ASSOCIATION OR AFFILIATE	APPRO (For Official)		
Rv		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)