



New Jersey Youth Soccer

A Proud Member of US Soccer

Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

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I. APPLICATION TO TRAVEL

Team Name _____ Age Group U- ____ Type of Team _____ B / G (circle one)

League or Home Association _____ 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 sanctioning to travel to a tournament, 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

Tournament sanctioned by _____

III. TRAVEL TO PARTICIPATE IN GAMES

If you are requesting travel to participate in games, 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

(For Official Use Only)

State Association: _____ Date _____

By _____ Title _____