



The Newfoundland and Labrador

SOCCER ASSOCIATION

Web Page: www.nlsa.ca

PERMISSION TO TRAVEL REQUEST

Name of Club/ Association: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

Mailing Address:

City: _____ Province: _____ Postal Code: _____

Signature of Club/ Association Representative: _____

PLEASE ENCLOSE TEAM ROSTER AND COACHING STAFF NAMES ON SEPARATE FORMS

Tournament Attending:

Date: _____ To: _____ Age: _____ Host Affiliation: _____

City: _____ Prov. _____ Country: _____

Email Address: _____ Mode of Travel: _____

Accommodations: _____ Estimated Cost of Trip: _____

OFFICE USE ONLY

Date Approved: _____ Team Roster Approved: _____

Fee: \$50.00

Fee Paid: _____ NLSA Representative: _____