



U.S. Youth Soccer

A Division of U.S. Soccer

Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

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APPLICATION FOR TRAVEL

Everyone requesting permission to travel must fill out this section

Team Name _____ Age Division U- _____ Type of Team (see reverse side) _____ B / G (circle one)

League/Home Association _____ National State Association _____

Team Manager / Coach _____ Telephone (____) _____ - _____ W

Address _____ (____) _____ - _____ H

City _____ State _____ Zip Code _____ (____) _____ - _____ FAX

I hereby state that during the dates below, the team has no playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation. If I am traveling outside of North America, I have enclosed my check payable to U S Soccer.

Signature of Team Manager / Coach _____ Date _____

Travel to a TOURNAMENT

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

We request approval to play in the _____ Tournament, to be held

in _____ during the dates of _____

(A copy of the approved Hosting Agreement and/or official brochure for this Tournament must be attached)

Tournament Director / Contact Person _____ Telephone (____) _____ - _____ W

Address _____ (____) _____ - _____ H

City _____ State _____ Zip Code _____ (____) _____ - _____ FAX

Travel to participate in GAMES

If you are requesting permission to travel to participate in games, you must fill out this section.

We hereby request permission to engage in games between the dates of _____ to _____ in the following locations (attach a separate sheet, if necessary, for additional information / official letter of invitation from host must be attached):

OPPONENT CITY STATE/COUNTRY

- 1. _____
2. _____
3. _____

Host Organization _____

Contact Person _____ Telephone (____) _____ - _____ W

Address _____ (____) _____ - _____ H

City _____ State _____ Zip _____ Cntry _____ (____) _____ - _____ FAX

APPROVAL (for official use only)

NATIONAL STATE ASSOCIATION

US YOUTH SOCCER

By _____

By _____

Title _____

Title _____

Date _____

Date _____

In granting this permission to travel, neither US Youth Soccer, US Soccer nor the National State Association shall be liable for transportation, lodging or injury to persons or property sustained in the course of the sanctioned event.

**United States Youth Soccer
Region IV
Travel Tournament Form**

Season _____

Name of State Association Arizona Youth Soccer Association Region: IV

Name of Team: _____ Age Group: U-____ Boys _____ Girls _____

Name of Coach: _____ Phone Home (____)____-____ Work (____)____-____

Address: _____ City _____ State _____ Zip _____

Name of Manager _____ Phone Home (____)____-____ Work (____)____-____

Address: _____ City _____ State _____ Zip _____

Colors: Jersey _____ Shorts _____ Socks _____ Alternate _____

List Players in alphabetical order by last name first

	PLAYER	SIGNATURE	PLAYER ID NUMBER	DATE OF BIRTH	YEAR	JERSEY	ALT	POSI
					GRAD	NUM	NUM	TION
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

(SIGNATURE OF COACH OR MANAGER)

(DATE)

(SIGNATURE OF STATE OFFICER AND TITLE)

(DATE)