

Please Type or Print Clearly

US Youth Soccer

A Proud Member of US Soccer



Affiliated with the Federation Internationale de Football Association (FIFA)

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Ev	I. APPLIC	ATION TO TRA		Boys Girls
Team Name	-			
League or Home Association	State Asso	ociation or Affiliate	ENYYSA (NY)	Team Departure Date:
Team Manager or Coach			Telephone:	
Address			E-mail	
City	StateZip			
	uring the dates below, the tea	•	. , .	
Signature of Team Manager or Coach				Date
If you are reque	II. TRAVEL esting permission to trav	TO A TOURNA vel to a tourname		s section.
We request approval to play in the				Tournament, to be held in
		, during the da	tes of	through
Tournament is Sanctioned by (State Associ	ation Name, or Country it	foreign travel): _		
Tournament Director or Contact Person			Telephon	neM /
Address	E-ma	nil		Н
CityState	Zip	Country		FA
A copy of the approved hosting for about the tournament or games must be att	ached.	o participate in ga	ames, you must compl al brochure, pamphlet, in	nvi te tion, or other applicable material
We request permission to play gan (and attach a separate sheet, if necessary)		om	to	inthe following locations
OPPONENT		СІТ	Υ	STATE OR COUNTRY
1				
Contact Person				
Address			relepho	oneM / H
		intry		FA
		PPROVAL		
STATE ASSOCIATION OR AFFILIATE <u>East</u>	•	Official Use Only)	ation Date	
1:	nting this permission to travel	•		ions or Affiliates shall be liable