



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):

Table with 3 columns: OPPONENT, CITY, STATE/COUNTRY. Rows 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.

Season: 2006-2007 Region: IV State Association: \_\_\_\_\_

Name of Team: \_\_\_\_\_ Age Group U- \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Assist Coach: \_\_\_\_\_ Assist Coach: \_\_\_\_\_ Trainer: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List players in alphabetical order by last name first

Jersey #	Player	Signature	Registration Number	Birthdate	Alt #	Game Active
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
<b>14 Player Roster – Maximum Roster Size for U12 teams playing 8V8</b>						
						15
						16
						17
						18
<b>Twenty Two (22) player roster for U17, U18, and U19 Teams only</b>						
						19
						20
						21
						22

I Hereby Certify That The Above Information Is True And Correct

\_\_\_\_\_  
(SIGNATURE OF COACH OR MANAGER) (DATE)

\_\_\_\_\_  
(SIGNATURE OF STATE OFFICER AND TITLE) (DATE)