



APPLICATION TO TRAVEL / TOUR



Application must be submitted: -
Inter-District/Zone: 4 weeks prior to departure date. **Bond \$100.00**
Payable to District – This form will serve as a GST exempt bond receipt.
Overseas: Expression of intention to tour 1 year.
 Application 3 months prior to departure date. **Bond \$1000**

1. **Full name of Club/School/Representative Team:** _____

Address of League/Club/School: _____

2. **The nature of this application covers a Tour, which is,:** (please circle)

Internal *Overseas*

3. **Date of Departure:** _____

4. **The destination(s) of the Tour is/are:**

(a) **District?** State District:

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5. **Name of Host Club/Body:** _____

6. **Timetable including GAME SCHEDULE for the Tour is as follows:**

7. **Approximately number of Touring Party:**

- (a) *Players* ()
- (b) *Coaching Staff* ()
- (c) *Managers* ()
- (d) *Trainers* ()
- (e) *Support* ()

8. **Age Group of Players Touring:**

- Mini / Mod teams* () *U/13 / U/14 Years* ()
- U/15 / U/16 Years* () *U/17 Years* ()
- U/18 / Senior* ()

8. **Qualifications of Coaches are:**

NAME	LEVEL OF ACCREDIATION	FOLIO NO.
(i)		
(ii)		
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9. Budget for Tour (briefly):

10. Funds will be generated/raised through the following activities/grants/levies: (Please itemise and indicate amounts)

11. Brief description of Purpose of Visit:

12. Has Approval been provided by inviting Body:
(Please circle and attach relevant documentation)

Yes or No

13. Contact particulars of Tour Organiser / Manager:

Name: _____

Address: _____

Telephone: (Mob) _____ (H) _____

14. Endorsement by Club / League Executive that the Club / League accepts responsibility for the Tour / Travel.

Name: _____

Position: _____

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PLEASE NOTE:

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Regional District: Canterbury Rugby League

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Address: _____

Telephone: (Mob) _____ (H) _____

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Name: _____

Position: _____

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Signature: _____ Name: _____

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1. **Full name of Club/School/Representative Team:** _____

Address of League/Club/School: _____

2. **The nature of this application covers a Tour, which is,:** (please circle)

Internal *Overseas*

3. **Date of Departure:** _____

4. **The destination(s) of the Tour is/are:**

(a) **District?** State District:

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5. **Name of Host Club/Body:** _____

6. **Timetable including GAME SCHEDULE for the Tour is as follows:**

7. **Approximately number of Touring Party:**

- (a) *Players* ()
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8. **Age Group of Players Touring:**

- Mini / Mod teams* () *U/13 / U/14 Years* ()
- U/15 / U/16 Years* () *U/17 Years* ()
- U/18 / Senior* ()

8. **Qualifications of Coaches are:**

NAME	LEVEL OF ACCREDIATION	FOLIO NO.
(i)		
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9. Budget for Tour (briefly):

10. Funds will be generated/raised through the following activities/grants/levies: (Please itemise and indicate amounts)

11. Brief description of Purpose of Visit:

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