



## Request for Out-of-Province/Out of Country Travel/Event

**Date:** \_\_\_\_\_ **Association:** \_\_\_\_\_

**Discipline:** Box \_\_\_\_ Field \_\_\_\_ Women's Field \_\_\_\_ **Division/Level:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **Team Contact:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### EVENT INFORMATION

Name of Tournament/Event: \_\_\_\_\_

Dates of Tournament/Event: \_\_\_\_\_

Location of Tournament/Event: \_\_\_\_\_

Name of Host Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### TRANSPORTATION

Departure Date to Event: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

Departure Date from Event: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

### ACCOMMODATIONS

Name and Location of Accommodations: \_\_\_\_\_

Dates of Accommodations check-in/check-out: \_\_\_\_\_

### Important Reminder.

**This completed form must be received  
by Lacrosse NB twenty one (21) days  
prior to travel.**

**Conditions of Approval of Travel Permit:**

1. A team wishing to compete in tournament/exhibition games in another province and/or out of country must first submit this Travel Permit to Lacrosse NB. All information requested on this form of this request must be completed. The Permit must be received by Lacrosse NB President no later than twenty one (21) days prior to the event.
2. Only teams made up of players and coaches duly registered with Lacrosse NB can obtain a travel permit. A list of the team roster including coaches must accompany this travel permit.
3. Teams must have permission from each player's home association president to travel with this team.
4. Teams traveling out of country must purchase additional medical insurance for that country. Proof of this insurance must be provided to Lacrosse NB prior to travel commencing.
5. Traveling teams may only compete against opponents or in tournament events approved in this permit. Games must be sanctioned by a recognized lacrosse governing body.
6. Traveling teams must adhere to the rules of the competition in which it is participating.
7. Teams participating in any tournament or exhibition series shall abide by the host's rules in regards to any minor and major suspensions, which may be more or less severe than Lacrosse NB suspensions guidelines. Teams must ensure any suspensions in force from their local association are served during the games with game sheets marked accordingly on tournament games covered by this Permit. Any new suspensions received at the tournament shall be carried over and served during subsequent local association / Lacrosse NB sanctioned games.
8. Submit a copy of all game sheets to Lacrosse NB President within three (3) days of returning home from the tournament. These may be scanned copy via email or photo of game sheet. Failure to do so may result in additional disciplinary action / suspension of the coach(s).
9. Traveling teams shall remain subject to the Operating Policies & Codes of Conduct in so far as disciplinary matters and behavioral conduct are concerned. Teams are representing their local association and Lacrosse NB, therefore, the conduct of the team must be indicative of this responsibility.

**I hereby state the above mentioned team will abide by the conditions set forth by Lacrosse NB.**

**Team Representative**

**Date of Request:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Club/Association President(s) Approval**

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Lacrosse New Brunswick Approval**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## Request for Travel Permit Team Roster

(This form or a complete roster to be attached to application)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
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21 \_\_\_\_\_

**TEAM PERSONNEL:**

Head Coach: \_\_\_\_\_

Assistant Coach(es): \_\_\_\_\_

Team Manager: \_\_\_\_\_

Team Trainer: \_\_\_\_\_