



RUGBY NOVA SCOTIA

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Website: <http://www.rugbyns.ns.ca> E-Mail: rugby@sportnovascotia.ca

Incoming Tour Request

Tour Dates: _____ Number of Players _____ Support Staff _____

Date of application: _____ (Please submit at least 6 weeks prior to arrival)

Hosting Club or School:	Team or School Name:
TOUR LIAISON PERSON	TOURING PARTY MANAGER
Name & Email: _____	Name & Email: _____
Address: _____	Address: _____
City, Prov.: _____	City, Prov.: _____
Postal code: _____	Postal code: _____ Country: _____
Phone (w) _____ (h) _____	Phone (w) _____ (h) _____

PROPOSED MATCHES - please print

	vs.	Union	Date	Location	Kick Off	contact	Phone/email
1							
2							
3							
4							

Tour approval is granted conditional to receiving confirmation that the tour is appropriately insured. Please forward details of your insurance coverage to Rugby Canada at your earliest convenience, along with a tour roster including birthdates. A letter from your home union should be provided giving tour approval. Failure to provide all documentation will invalidate the tour approval.

Arriving at: _____ Airline: _____ Time: _____

Departing from: _____ Airline: _____ Time: _____

<i>School Principal/Club President</i>	<i>Approved by N.S.R.U.</i>	<i>Approved by Rugby Canada</i>
Signature: _____	Signature: _____	Signature: _____
Position: _____	Position: _____	Position: _____

**Please return this form to your local union tour director