



# RUGBY NOVA SCOTIA

5516 Spring Garden Rd., 4<sup>th</sup> Floor, Halifax, NS B3J 1G6 Ph: 902.425.5450 Fax: 902.425.5606

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

## OUTGOING TOUR APPROVAL

Approval is requested to tour out of Nova Scotia/ Canada to: \_\_\_\_\_

Tour Dates (departure) \_\_\_\_\_ (return) \_\_\_\_\_

Date of application: \_\_\_\_\_ (Please submit at least 6 weeks prior to departure)

# of Persons Traveling: Team Management \_\_\_\_\_ / Players \_\_\_\_\_ / Parents \_\_\_\_\_ / Other \_\_\_\_\_

<b>SCHOOL/CLUB :</b>	<b>TOUR CONTACT</b>
<b>Address:</b>	<b>TOUR MANAGER</b>
	<b>Name:</b>
	<b>Address:</b>
	<b>City, prov, code:</b>
	<b>Phone (Home)</b>
	<b>(Work)</b>
<b>School Telephone:</b>	

### MATCHES ARRANGED

	vs.	Union	Date	Location	K.O.	Liaison officer	Address/phone
1							
2							
3							
4							
5							

Departing from: \_\_\_\_\_ Airline: \_\_\_\_\_ Time: \_\_\_\_\_

Returning from: \_\_\_\_\_ Airline: \_\_\_\_\_ Time: \_\_\_\_\_

<i>Approved by School Principal</i>	<i>Approved by N.S.R.U.</i>	<i>Approved by C.R.U.</i>
Signature:	Signature:	Signature:
	Position:	Position:
Date:		

**\*\*Please return this form to Rugby Nova Scotia**

**\*It is your responsibility to arrange for appropriate extended medical where travel takes you out of Nova Scotia. The N.S.R.U. can provide you with guidance for sources of this additional insurance.**

