



## Approval to Travel to Sanctioned Tournaments Outside Of Alberta

By virtue of the signatures below, the following team is approved to travel outside of Alberta to compete in the sanctioned tournament below:

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

District Association: \_\_\_\_\_ Age and Tier: \_\_\_\_\_ M  F

Coach: \_\_\_\_\_ Manager: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Tournament Name:** \_\_\_\_\_

City, Province/State/Country: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

### Signatures of Approval

Club President (if applicable): \_\_\_\_\_ District Association: \_\_\_\_\_

Roster Included and Approved by District:  Alberta Soccer Association: \_\_\_\_\_

| |

Alberta Soccer Administrative Fees (incl. GST)	
Two weeks (or more) before travel	Free
< 2 weeks before travel	\$100.00
< 72 hours before travel	\$250.00



# Alberta Soccer Association

Governing Body of Soccer in the Province of Alberta

9023 – 111 Avenue

Edmonton, AB T5B 0C3

(p) 780.474.2200 (f) 780.474.6300

www.albertasoccer.com

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## TRAVEL PERMIT ADDENDUM

### Travel Application for participating in an Exhibition match series and/or Training camp

*This form MUST be completed if your travel plans include exhibition match series and / or training camp outside of Alberta.*

Description (Team name, Club, Age, Tier): \_\_\_\_\_

Name (Coach or Team Manager): \_\_\_\_\_

Third Party Travel Manager (if applicable): \_\_\_\_\_

Football Association (Provincial or State): \_\_\_\_\_

Address of Training Camp w/ Dates: \_\_\_\_\_

### Opponents for Exhibition matches including Addresses & Dates of Matches

Match 1: \_\_\_\_\_

Match 2: \_\_\_\_\_

Match 3: \_\_\_\_\_

Match 4: \_\_\_\_\_

Match 5 or more:

ALBERTA SOCCER  
ASSOCIATION SIGNATURE OF  
AUTHORISATION

Edmonton, Alberta, Canada



# ALBERTA SOCCER ASSOCIATION

## Travel Roster

District Association: \_\_\_\_\_

Team Details

Tournament Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_

Primary Contact

Name: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Competition Level

Age Group: \_\_\_\_\_  
 ASA Tier: \_\_\_\_\_

Player Details

	Surname	First Name	Address	Postal Code	Mo.	Day	Year	Phone #	Registration #
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Team Staff Details

	Surname	First Name	Address	Postal Code	Mo.	Day	Year	Coaching Cert.	CIPC Expiry
COACH									
A. COACH									
A. COACH									
MGR									

BY SIGNING THIS ROSTER I ACKNOWLEDGE THAT ALL PLAYERS AND COACHES LISTED ARE REGISTERED  
 AND IN GOOD STANDING WITHIN OUR CLUB/DISTRICT. ALL GUEST PLAYERS HAVE BEEN DULEY INDICATED  
 AND LETTERS OF RELEASE ARE INCLUDED WITH THIS APPLICATION.

Team/Club Signature: \_\_\_\_\_

District Signature: \_\_\_\_\_

Provincial Signature: \_\_\_\_\_