I. APPLICATION TO TRAVEL
Everyone requesting permission to travel must fill out this section.

Team Name_________________________ Age Group U____ Type of Team (see reverse side)______ B / G (circle one)
League or Home Association________________________ State Association or Affiliate________________________ Team Departure Date____________
Team Manager or Coach________________________ Telephone (____) - _______ W
Address_________________________________________ E-mail ________________________________ (____) - _______ H
City________________________ State_____ Zip______________ Date________________________

I state that during the dates below, the team has no conflicting playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation.

II. TRAVEL TO A TOURNAMENT
If you are requesting permission to travel to a tournament, you must fill out this section.

A copy of the approved Hosting Agreement or official brochure for this tournament must be attached.

We request approval to play in the __________________________ Tournament, to be held in __________________________
during the dates of __________________________

Tournament Director or Contact Person________________________ Telephone (____) - _______ W
Address_________________________________________ E-mail ________________________________ (____) - _______ H
City________________________ State_____ Zip______________ Country________________________ (____) - _______ FAX

III. TRAVEL TO PARTICIPATE IN GAMES
If you are requesting permission to travel to participate in games, you must complete this section.

A copy of the approved hosting form or, if outside the US, a copy of the official brochure, pamphlet, invitation, or other applicable material about the tournament or games must be attached.

We request permission to play games between the dates from __________________________ to __________________________ in the following locations
(and attach a separate sheet, if necessary):

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<th>OPPONENT</th>
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<th>STATE OR COUNTRY</th>
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Hosting Organization________________________
Contact Person________________________ Telephone (____) - _______ W
Address_________________________________________ E-mail ________________________________ (____) - _______ H
City________________________ State_____ Zip______________ Country________________________ (____) - _______ FAX

APPROVAL
(For Official Use Only)
STATE ASSOCIATION OR AFFILIATE________________________ Date________________________
By________________________ Title________________________

In granting this permission to travel, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

DISTRIBUTION: Team (White) / State Association/Affiliate (Canary)

3/1/01