

Kamloops Youth Soccer Association
800 Mission Flats Road
Kamloops, BC
V2C 1A9



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APPENDIX E

KAMLOOPS YOUTH SOCCER ASSOCIATION
TOURNAMENT/TRAVEL APPLICATION FORM

Full Name of Team: _____ Age Group: Under- _____

Coaches Name: _____ Residence phone: _____

Manager's Name: _____ Residence phone: _____

Address: _____ City: _____ Postal Code: _____

Cell Phone: _____ Business Phone: _____

We request permission to travel to play games or participate in a tournament during the below noted dates and cities.

Tournament Name: _____

Departure Date: _____ Return Date: _____

Hotel: _____ City: _____

Hotel phone number: _____

By signing and submitting this document, the above noted individuals accept responsibility for the noted team to travel to the indicated tournaments representing the KYSA and the City of Kamloops in a manner which signifies sportsmanship and fair play.

Please submit this form including a team roster via email, fax or mail prior to the first date of travel.

Coach's Signature: _____ Date: _____
(Day/Month/Year)

Manager's Signature: _____ Date: _____
(Day/Month/Year)

*******Kamloops Youth Soccer Association Approval*******

Signed: _____ Date: _____
(Day/Month/Year)