



# Stockton American Youth Soccer

## SAYS Soccer - It's 4 the Kids

P.O. Box 8156, Stockton, CA 95208

(209) 271-4157

(209) 472-1665 Fax

### APPLICATION FOR TRAVEL

Team Name \_\_\_\_\_ Age Division \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Coach/Manager \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Alternative phone \_\_\_\_\_

Type of team      ( ) Select      ( ) Club      ( ) Recreational

#### Tournament travel request

I hereby request permission for the above named team to travel to and play in:

The \_\_\_\_\_

Tournament, Host Org. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_

Tournament Director \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I declare that during state dates, the team has no playing commitments or previously authorization from SAYS Soccer that:

- Permission and medical releases have been obtain from parents/guardians
- SAYS Soccer registration has been verified
- Lodging and meals have been secured

I certify that I shall follow SAYS Soccer Bylaws, Constitution, philosophies and tournament rules and regulations.

Signature of Coach/Manger \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify the above declarations have been verified and that permission is granted to travel/host requested.

Signature of Registrar/President \_\_\_\_\_ Date \_\_\_\_\_