



U.S. SOCCER FEDERATION, INC.
APPLICATION FOR FOREIGN TRAVEL (TAPP 2-11)

Affiliated with FIFA

PLEASE PRINT CLEARLY

Team Name _____ Age _____ M / F (circle one)

Team State Association _____

Team Manager/Coach _____ Phone _____

Team Manager/E-mail _____ Fax _____

I hereby state that during the dates below, the team has no playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation. I have enclosed my check payable to the U.S. Soccer Federation.

Signature of Team Manager/Coach _____ Date _____

TRAVEL TO A TOURNAMENT

Name of Tournament _____

Location of Tournament (Country) _____

Date(s) of Tournament _____

TRAVEL TO PARTICIPATE IN A GAME(S)

1. Opponent _____

Location of Game(s) (Country) _____ Date(s) _____

2. Opponent _____

Location of Game(s) (Country) _____ Date(s) _____

3. Opponent _____

Location of Game(s) (Country) _____ Date(s) _____

U.S. Soccer advises that prior to travelling to check with the U.S. State Department for travel warnings at www.state.gov.

APPROVAL (FOR OFFICE USE ONLY)

U.S. SOCCER FEDERATION, INC.

By _____

Title _____

Date _____

FOR ORGANIZATIONS AFFILIATED WITH U.S. SOCCER ONLY
 I certify that the team and coach submitting application is in good standing.

By _____

Title _____

USSF Org. Member _____

Date _____

*In granting this permission to host a tournament or games, U.S. Soccer shall **NOT** be liable for transportation, lodging or injury to persons or property sustained in the course of the sanctioned event.*