

## U.S. SOCCER FEDERATION, INC.

## **APPLICATION FOR FOREIGN TRAVEL (TAPP 2-11)**

Affiliated with FIFA

PLEA	SE PRINT CLEARLY				
Tean	n Name		Age	M / F (circle one)	
Tean	n State Association				
Tean	n Manager/Coach		Phone		
Tean	n Manager/E-mail		Fax		
	eby state that during the dates below, the team has no pla ies sustained on the field and during transportation. I have	, 0	. , ,	S	
Signa	ature of Team Manager/Coach		Date		
	TRA	VEL TO A TOURNAMENT			
Nam	e of Tournament				
	tion of Tournament (Country)				
Date	e(s) of Tournament				
	TRAVELTO	O PARTICIPATE IN A GAME(S	)		
1.	1. Opponent				
	Location of Game(s) (Country)	D	ate(s)		
2.	Opponent				
	Location of Game(s) (Country)	C	Pate(s)		
3.	Opponent				
	Location of Game(s) (Country) Date(s)				
	U.S. Soccer advises that prior to travelling to chec	k with the U.S. State Departmen	t for travel warnings	at www.state.gov.	
	APPROV	AL (FOR OFFICE USE ONLY)			
	U.S. SOCCER FEDERATION, INC. By	I certify that the te	FOR ORGANIZATIONS AFFILIATED WITH U.S. SOCCER ONLY I certify that the team and coach submitting application is in good		
	Title	_			
	Date				
		Date			