## NEW ZEALAND RUGBY FOOTBALL UNION (INC) APPLICATION FROM AFFILIATED SCHOOL TEAM TO TRAVEL OVERSEAS

(To be completed and a copy to be sent to the School's Provincial Union for approval not less than three months before proposed date of departure)

NAME OF SCHOOL				
GRADE OF TEAM TO TRAVEL				
COUNTRY OF DESTINATION				
TOUR ORGANISER DETAILS	Name			
	Telephone (Work)			
	Telephone (Home)			
	Facsimile			
DEPARTURE DETAILS	Date	Flight Nu	mber	
RETURN DETAILS	Date	Flight Nu	Flight Number	
NUMBERS IN PARTY PLAYERS  ARE ALL PLAYERS STUDENTS AT	OFFICIALS	. SUPPORTERS	No O	
NAME OF HOST SCHOOL	PROVINCE /	REGION	DATE OF MATCH	
Written evidence of invitation to travel	by hosts attached	Yes O	No O	
Cost of Trip: Trip F	unds on Hand	Yes	No C	
Injury/Illness Insurance Travel Insuran	ce Cover Taken Out	Yes	No O	
Your team will be required to purchase a Insurance policy covers those players r permanent injury is determined.				
Certified Correct:			(School Principal)	
Name (Please Print)				
Date				