



BRITISH COLUMBIA RUGBY UNION

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Website: <http://www.bcrugby.com> E-Mail: bcrugby@telus.net

TOUR OUT FORM

Approval is requested to tour out of British Columbia / Canada to: _____

Date of application: _____ (Please submit at least 10 weeks prior to departure)

of Persons Traveling: Team Management _____ / Players _____ / Parents _____ / Other _____

SCHOOL:	UNION:
Address:	TOUR MANAGER Name: Address: City, prov, code: Phone (r) (w)
School Phone:	

MATCHES ARRANGED

	vs.	Union	Date	Location	K.O.	Liaison officer	Address/phone
1							
2							
3							
4							
5							

Departing from: _____ Airline: _____ Time: _____

Returning from: _____ Airline: _____ Time: _____

<i>Approved by Member / School</i>	<i>Approved by B.C.R.U.</i>	<i>Approved by C.R.U.</i>
Signature:	Signature:	Signature:
Position:	Position:	Position:
Union:		

****Please return this form to your local union tour director**

***It is your responsibility to arrange for appropriate extended medical where travel takes you out of British Columbia. The BCRU can provide you with guidance for sources of this additional insurance.**

