TALLAHASSEE UNITED FUTBOL CLUB
TRAVEL AUTHORIZATION

☐ Tournament within the region

☐ Tournament outside the region, but within Florida

☐ Tournament outside of Florida

☐ Game(s) outside Florida/District

Team Name: _____ Code: _____-_____-_____-_____

Head Coach:_____ Manager:_____

Age Division: Under _____ Boys Girls

Dates: _____/_____/_____ through _____/__03__/_____

Destination: City _____ State _____

Opponent or Tournament Name: _____

Coaches Statement

My signature below indicates that I am aware that the conduct and demeanor of all players, coaches, parents, and fans pertaining to team activities for this trip are my responsibility. Additionally, I realize that it is my responsibility to have in my possession at all times during this trip a current FYSA Player Pass and properly executed medical release form for each player and guest player.

_____ _____

Signature of Coach Date

Club Approval

This is to certify that the above team:

1. Is in good standing with the Tallahassee United Futbol Club
2. Has obtained permission from the TUFC to travel to the indicated competition
3. The coach has been reminded of his/her responsibilities as shown above
4. The Board of Directors of the TUFC also accept these responsibilities

_____ _____

Signature of TUFC officer Date

District Commissioner Approval

To the best of my knowledge, the team identified above is in good standing with the FYSA and has met all FYSA requirements to participate in the indicated competition

_____ _____

Signature, FYSA District Commissioner Date