

Travel Permit Request

Required for Travel Medical Insurance and/or For All Out-of-Province Travel by Teams, Players, Coaches or Officials

Please complete the attached page(s) of the Travel Permit Request and submit to info@softball.bc.ca. You can also fax to 604-371-0344. Please include a copy of your current roster. **Teams receive two (2) days per calendar year free of charge. Teams traveling more than two days can obtain Travel Medical Insurance from Softball BC for a fee of \$20.00 per team per day.** Your team can also choose to purchase medical coverage elsewhere, but you are still required to submit a travel permit request to the office. You can opt out of the coverage where applicable on the form.

Travel Permit Requests must be received no later than 5 working days prior to your departure. Travel Permits will be returned to you via email the Wednesday prior to your departure. If you have any questions please contact Softball BC at 604-371-0302.

Please complete the following information so that your Travel Permit can be emailed back to you:

Team Name:	Coach Name:
Coach/Manager Email (permit will be emailed here)	Contact Phone Number:

THIS TRAVEL REQUEST IS FOR: (NAME OF PLAYER, TEAM, COACH OR UMPIRE)				
FROM THE MUNICIPALITY OF:				
THIS PLAYER, UMPIRE, COACH AND/OR TEAM WOULD LIKE PERMISSION TO TRAVEL TO: (City, Province/Territory and Country)				
FOR THE: (NAME AND TYPE OF EVENT)				
DATE OF DEPARTURE	DATE OF RETURN			
CALCULATION OF TRAVEL MEDICAL COVERAGE:				
NUMBER OF TRAVEL DAYS: _____ X \$20.00 PER DAY/TEAM = \$ _____				
Method of Payment:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Cash: <input type="checkbox"/></td> <td style="border: none;">Cheque: <input type="checkbox"/></td> <td style="border: none;">Credit Card: <input type="checkbox"/></td> </tr> </table>	Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>	Credit Card: <input type="checkbox"/>
Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>	Credit Card: <input type="checkbox"/>		
If Paying with Credit Card please provide information here:				
Card Number: _____ Expiry Date: _____				

PLEASE NOTE: DO NOT SIGN BELOW UNLESS YOU ARE DECLINING THE INSURANCE. NO SIGNATURE IS REQUIRED FOR CREDIT CARDS.

I DECLINE THE PURCHASE OF TRAVEL MEDICAL INSURANCE FOR THE PLAYER, UMPIRE, COACH OR TEAM LISTED ABOVE. **

Please Print Name: _____ Signature: _____ Date: _____

**Provided all applicable rules, regulations, and fees of Softball BC and all other affiliated associations are strict adhered to this travel permit is approved.

Signed by: _____ Date: _____
Softball BC Representative: Print Name: _____



Travel Medical Insurance has been purchased through Softball BC

Travel Medical Insurance has not been purchased through Softball BC _____