



Travel Permit Request

Required For All Out-of-Province (non-sanctioned Softball BC events) Travel by Teams

Complete the following and scan/email to admin@softball.bc.ca or fax (604) 371-0344. **A *Travel Permit Request* must include a copy of team roster listing all current paid Softball BC members (e.g. players, coaches and managers) attending event.**

Be advised, Teams receive two days medical coverage free of charge, per calendar year. Additional days for Travel Medical Coverage may be purchased for a team from Softball BC. The travel medical coverage fee is \$20.00/day/team.

Teams attending out of province events and choosing to purchase travel medical coverage elsewhere are still required to submit a completed "Travel Permit Request" to Softball BC and acknowledge, sign, date the "I DECLINE THE PURCHASE..." section in red at bottom of page.

- Travel Permit Requests are to be received no later than 5 working days prior to your departure.
- Travel Permits will be returned via email the Wednesday prior to your departure. If you have any questions please contact Softball BC at 604-371-0302 ext. (1).

Team Name:		Coach Name:	
Contact Email (permit will be emailed here)		Contact Phone Number:	
THIS TRAVEL REQUEST IS FOR: (NAME OF TEAM, PLAYER or COACH)			
FROM THE MUNICIPALITY OF:			
THIS TEAM, PLAYER or COACH WOULD LIKE PERMISSION TO TRAVEL TO: (City, Province/Territory/State 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:	Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>	Credit Card: <input type="checkbox"/>
If Paying with Credit Card please provide information here, <i>no signature required</i>:			
Card Number: _____		Expiry Date: _____	

I DECLINE THE PURCHASE OF TRAVEL MEDICAL INSURANCE FOR THE TEAM, PLAYER or COACH LISTED ABOVE

Print Name: _____ **Signature:** _____ **Date:** _____

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

Signature of Softball BC Administrative Representative: _____

Print Name: _____ **Date:** _____

Travel Medical Insurance has been purchased through Softball BC	<input type="checkbox"/>
Travel Medical Insurance has not been purchased through Softball BC	<input type="checkbox"/>