

INTERSTATE TEAM TRAVEL PERMISSION

Completed by CAM/Association/Club/Affiliates travelling outside of Tasmania to attend tournaments/invitational competitions. It does not apply to teams attending Basketball Australia Championships PWID/Kevin Coombs Cup/U20 – U14, Australian Country Cup or National Schools Basketball Tournament.

Please return this completed form to Kylie.French@basketaballtas.com.au

| Travelling te | eam na | me : | | | | | | | |
|--|---------|----------------|--|----------|---------------------------------|-------------------------|--------|---------------------|---|
| Attending e | vent (n | name) : | | | | | | | |
| | | | FRO | M DATE | | END DATE | | | |
| Details of tr | avel | <u> </u> | | | | | | | |
| Eg: Depart J | | Please list ho | now the team will be travelling to and from the event. | | | | | | |
| | | | JQ 555 from Launceston to Canberra 1/1/2016. Collective to accommodation. Return Canberra to Launcesto | | | | | | |
| Team perso | nal : | | | | | | | | |
| | GIVEN | | | SURNAME | | WWVP NUMBER | | WWVP EXPIRY | |
| Coach | | | | | | | | | |
| Assistant coach | | | | | | | | | |
| Manager | | | | | | | | | |
| Name and a | ddress | of team acco | ommo | dation : | | | | | |
| Details of travel insurance : | | | | | Policy Number, Insurer | | | | |
| Emergency contact details for team : | | | | | | | | | |
| - | - | - | | - | /Club/Associa | ition) confirm t | he abo | ove is true and the | е |
| team and staff have our permission to travel | | | | travel | Received By Basketball Tasmania | | | | |
| Signature and date | | | | | Date : | | | | |
| | | | | | Permission g | iven | | | |

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