



THE ONTARIO SOCCER ASSOCIATION

APPLICATION TO TRAVEL FORM (A.T.F.)

For travel to a tournament within Canada and the U.S.A.

SECTION A - GENERAL INFORMATION

Club Name: _____ Club Registration #: C D .) 2) - .) 2) -
 Team Name: _____ Team Registration #: T D .) 2) - .) 2) 2) 2) -
 If team is traveling outside of Canada: Departure Date: _____,200 Return date: _____,200
 Is the tournament (in which your team is applying to play) included in the O.S.A. Tournament List: YES NO
 If NO, your club **MUST** attach the authorization form or letter indicating that the tournament has been sanctioned, as per below:
WARNING: Before this application can be approved by your District Association, the tournament must be included in the O.S.A. Tournament List or your Club must attach the authorization form or letter indicating that the tournament has been sanctioned by:

The United States Soccer Federation → (In case of a NA Tournament outside of Canada)
 Its Provincial Association → (In the case of an NA Tournament inside Canada)
 Its Provincial Association → (In the case of an IP Tournament)
 Its District Association → (In the case of an ID Tournament)

SECTION B - INFORMATION ABOUT TOURNAMENT

Tournament Season (check one only)	Tournament Jurisdiction (Check one only):	Tournament Type (check one only):	Tournament Team Type Permitted Entry (Check one only):
<input type="checkbox"/> Outdoor	<input type="checkbox"/> IN International	<input type="checkbox"/> C Competitive	<input type="checkbox"/> C Competitive Club Teams only
<input type="checkbox"/> Indoor	<input type="checkbox"/> NA North American	<input type="checkbox"/> R Recreational	<input type="checkbox"/> A Competitive All-Star Teams only
	<input type="checkbox"/> IP Inter-Provincial	<input type="checkbox"/> I Indoor	<input type="checkbox"/> C Recreational Club League Teams only
	<input type="checkbox"/> ID Inter-District	<input type="checkbox"/> O Open	<input type="checkbox"/> A Recreational Club League All-Star Teams only
	<input type="checkbox"/> DT District	<input type="checkbox"/> P Professional	<input type="checkbox"/> S Recreational Select Teams only

Name of Tournament: _____ Tournament Dates: _____,200 to _____,200
 Tournament Location: Country: _____ Province/State: _____
 City(ies)/Town(s): _____
 Tournament Age Division in which the team is entered: Under - __ Over- __ Open Age
 Tournament Gender Division in which the team is entered: Male Female Mixed

SECTION C - INFORMATION ABOUT TOURNAMENT HOST ORGANIZATION

Name of Tournament Host Organization: _____ Organization Registration #: _____
 Name of Contact Person: _____ OSA Registrant #: .) 2) 2) 2) 2) 2) - Daytime Telephone: (____) _____
 Address: _____ City/Town: _____ Evening Telephone: (____) _____
 Province/State: _____ Postal Code/Zip: _____ Country: _____ Fax Number: (____) _____
 Internet E-Mail Address: _____ Lotus Notes E-Mail Address: _____

SECTION D - TEAM INFORMATION

The Team is registered with the O.S.A. in the following Age Division, Team Gender, Team Classification and Tournament Team Type:

Age Division:	Team Gender:	Team Classification	Tournament Team Type:
<input type="checkbox"/> Open Age Team	<input type="checkbox"/> Male	<input type="checkbox"/> Competitive Outdoor	<input type="checkbox"/> Competitive Club
<input type="checkbox"/> Under - ____	<input type="checkbox"/> Female	<input type="checkbox"/> Recreational Outdoor	<input type="checkbox"/> Competitive All Star
The players were born on or after January 1, 19__	<input type="checkbox"/> Mixed	<input type="checkbox"/> Professional Outdoor	<input type="checkbox"/> Recreational Club League
<input type="checkbox"/> Over - __		<input type="checkbox"/> Amateur Indoor	<input type="checkbox"/> Recreational Club League All-Star
The players were born on or before December 31, 19__		<input type="checkbox"/> Professional Indoor	<input type="checkbox"/> Recreational Select

Coach's Name: _____ OSA Registrant #: .) 2) 2) 2) 2) 2) -
 Manager's Name: _____ OSA Registrant #: .) 2) 2) 2) 2) 2) -

SECTION E - APPLICANT INFORMATION AND AUTHORIZATION OF APPLICANT

By authorizing this application form, the applicant Club hereby acknowledges the jurisdiction of FIFA, CSA, OSA, and its District Association during the time period authorized by this Application To Travel Form with regard to the rules for team travel and competitions of all these governing organizations; and furthermore, the Club agrees to abide by the Published Rules of the organizations. For travel to the U.S.A., the applicant Club certifies that it has accident and **LIABILITY** insurance for the traveling team. (NOTE: Travel insurance is available from the OSA) The applicant Club also agrees that its team will comply with all of the competition rules of the approved tournament.

Name of Club Official: _____ OSA Registrant #: .) 2) 2) 2) 2) 2) -
 Signature of Club Official: _____ Date: _____,200
 Signature of Coach/Manager: _____ Date: _____,200

SECTION F - DISTRICT AUTHORIZATION AND DISTRICT INFORMATION

FOR THE: _____ S.A.
 Name of District Association
 Travel Approved by: _____
 Signature
 Position Title: _____ OSA Registrant #: .) 2) 2) 2) 2) 2) -
 Print Name: _____ Date: _____,200

The Tournament Host Organization should refer all discipline reports and queries to the District Association at:

For any travel within Canada and the United States, the above approval by the District Association shall constitute the approval of The Ontario Soccer Association (OSA) and the Canadian Soccer Association (CSA).