RUGBY ONTARIO

3 Concorde Gate Suite 215 Toronto, ON M3C 3N7 Ph: 416.426.7050 Fax: 416.426.7369
Website: http://www.rugbyontario.com **E-Mail:** rugbyregistration@osrc.com

OUTGOING TOUR APPROVAL

Approval is requested to tour out of Ontario / Canada to: _____
Tour Dates (departure) _____ (return) _____
Date of application: _____ (Please submit at least 6 weeks prior to departure)

# of Persons Traveling: Team Management _____ / Players _____ / Parents _____ / Other _____

SCHOOL/CLUB :	**TOUR CONTACT**
Address:	**TOUR MANAGER** **Name:** **Address:** **City, postal code:** **Phone (Home)** **(Work)**
School Telephone:	**email**

MATCHES ARRANGED

	vs.	**Union**	**Date**	**Location**	**K.O.**	**Liaison officer**	**Address/phone**
1							
2							
3							
4							
5							

Departing from: _____ **Airline:** _____ **Time:** _____

Returning from: _____ **Airline:** _____ **Time:** _____

School Principal/Club President	***Approved by Rugby Ontario***	***Approved by Rugby Canada.***
Signature:	Signature:	Signature:
Date:	Position:	Position: Administration

****Please return this form to Rugby Ontario along with your tour roster with birth dates,complete itinerary and school liability insurance if not a club**

***It is <u>your reponsibility</u> to arrange for appropriate extended medical where travel takes you out of Ontario. The ORU can provide you with guidance for sources of this additional insurance.**