



## US YOUTH SOCCER REGION III INTERREGIONAL TRAVEL NOTICE

### TEAM/COACH INFORMATION

Team Name:		Age Group U-	Type of Team: Boys Girls
Club or Association:		Region III State Association:	
Team Manager or Coach			Work/Cell Phone:
Address:		E-Mail:	Home Phone:
City:	State:	Zip:	Fax:

### TOURNAMENT/EVENT INFORMATION

If required by your State Association, a copy of the Hosting Agreement for this tournament or event must be attached.

Tournament/Event Attending:		Tournament/Event Dates:	
Tournament/Event City and State:		Tournament/Event Website:	
Tournament/Event Contact Person:		Work/ Home/Cell Phone:	
Address:		Email Address:	
City:	State:	Zip:	Fax:
National Sanctioning Body:		National Sanctioning Body Website:	

**The coach or manager listed above certifies that:**

- 1) The information in this travel notification is accurate.
- 2) This team is properly registered and rostered according to the rules and regulations of the US Youth Soccer State Association and the club/association named above. This team complies with all of the named Region III State Association's team and player registration rules.
- 3) This team is not under suspension or in bad standing with any organization.
- 4) The team has no conflicting playing commitments at home.
- 5) All players are fully insured by the appropriate Region III State Association.
- 6) Any fees required by my State Association to process this form have been paid in full.

Coach or Team Manager \_\_\_\_\_  
Signature

Date \_\_\_\_\_