



# TRAVEL SANCTION REQUEST APPLICATION

## COVER PAGE

**Please Print Clearly**

**Date Submitted:** \_\_\_\_\_ **Type of Travel:**    
Example: 23-Jan-07 **Within Canada** **International**

**Team Traveling:** \_\_\_\_\_ **Type of Team:**     
Name **Association** **Travel** **Contingent**

**Primary Contact:** \_\_\_\_\_ **Home: (902)** \_\_\_\_\_ **Work: (902)** \_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

**Event Details:**       
**Box** **Field** **Male** **Female** **Co-ed**

**Age Category:**              
**T** **N** **P** **U13** **B** **U16** **M** **I** **U19** **I/J** **J** **Snr**

**Reason for Travel:** \_\_\_\_\_  
Name championship, tournament or tour

**Please indicate if the conditions below have or have not been met by circling the appropriate answer to each.**

<b>Full management team in place:</b>	<b>YES</b>	<b>NO</b>
<b>All members of the team/contingent registered with LNSS:</b>	<b>YES</b>	<b>NO</b>
<b>The team has a Player/Adult Ratio &lt; 6.0:</b>	<b>YES</b>	<b>NO</b>
<b>All members have travel/health insurance (International Only):</b>	<b>YES</b>	<b>NO</b>
<b>'Travel Package Binder' has been completed:</b>	<b>YES</b>	<b>NO</b>

**Please be advised that, this four-page application package can only be forwarded on to the LNSS once all four pages have been completed in their entirety.**

**TEAM/CONTINGENT**

**Primary Contact:** \_\_\_\_\_  
Name Signature Date

**ASSOCIATION TEAM ONLY**

**Association President:** \_\_\_\_\_  
Name Signature Date

Please forward the complete 'Travel Sanction Request Application' package to  
 Natasha Burgess - Lacrosse Nova Scotia Office - 5516 Spring Garden Rd Suite 311 - Halifax NS B3J 1G6