UNITED STATES AMATEUR SOCCER ASSOCIATION, INC.

A Division of the United States Soccer Federation

INTERSTATE TRAVEL REQUEST

☐ INDOOR ☐ MALE ☐ COED

☐ OUTDOOR ☐ FEMALE ☐ U/23

The _____ Soccer Team, an affiliated member of the _____

State Association requests permission to participate in the _____ Tournament and/or the

_____ Soccer Team, an affiliated member of the _____State Association.

SCHEDULE: **Date:** _____

Time: _____

City: _____

State: _____

REMARKS: _____

_____

_____

Name Team Manager/Coach: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Name of League: _____ Phone: _____ Email: _____

Authorization: _____ Date: _____

APPROVAL OF STATE ASSOCIATION (Traveling Team)

_____ _____
Men's State Commissioner Date

_____ _____
Women's State Commissioner Date

_____ _____
Coed State Commissioner Date

_____ _____
Indoor State Commissioner Date

APPROVAL STATE ASSOCIATION (Hosting Team) _____Email: _____-
COMMISSIONER TO MAIL COPY TO: T.S.S.A.S.