



INTER-STATE TRAVEL PERMIT

TOUR DETAILS

Name of Club / Region: _____

Date of Tour: _____

Host Organisation: _____

Age Group/s: _____

Number of Players: _____

Additional Details of Tour:

TOUR LEADER CONTACT DETAILS

Name: _____ **Phone:** _____

Email: _____

ADMINISTRATION DETAILS

List of Players and FFA Numbers attached: Yes / No

Request signed by Club Secretary: _____

To gain approval the Hosts Sanction Approval for the event must be attached to this request

REQUEST TO BE FORWARDED TO FOOTBALL QUEENSLAND FOR APPROVAL

FQ USE ONLY

Football Queensland acknowledges that we have sighted the host sanction approval and confirm that all parties in the above tour are registered in Squadi

FQ Approved: **Signed:** _____ **Date:** _____