



VYSA Permission to Travel

All fields must be completed to receive approval



1. Tournament Name: _____

2. Soccer Federation (sanctioning body like USYS): _____

3. Event Start Date: _____ Event End Date: _____

4. City and State of Tournament: _____

5. Tournament Director: _____

6. Director Email: _____

7. Team(s) Attending Tournament (if more than one separate by a comma):

8. List of all Guest Player(s) w/DOB (if applicable):

I.

II.

III.

IV.

V.

9. Team Contact Email: _____

10. Team Contact Phone: _____

Signature from sending org: _____

Date: _____

VYSA Approval Signature:

Date: _____

***Please be sure to download a copy of the team(s) roster and player passes that will be needed for the tournament. ***

**VIRGINIA
YOUTH SOCCER
ASSOCIATION**