



**SOFTBALL BC**

**2011 REQUEST FOR OUT-OF-PROVINCE TRAVEL**

*(Required for Travel Medical Insurance)*

**Instructions:**

Please complete the attached 2 pages of the Travel Permit Request and submit it to Lesley at Softball BC. You can fax to 604-531-8831 or email to [info@softball.bc.ca](mailto:info@softball.bc.ca). Please include a copy of your current roster.

Teams receive three (3) days per calendar free of charge. Teams traveling more than three days can obtain Travel Medical Insurance from Softball BC for a fee of \$15.00 per team per day. Your team can also choose to purchase medical coverage elsewhere, but are still required to submit a travel permit request to the office. You can opt out of the coverage on page 3 of this request.

Please complete the following so that your Travel Permit can be emailed back to you:

**Team Name:**

**Coaches Name:**

**Coach/Manager Email:**

**Contact Phone Number:**

If you have any further questions or concerns, please contact Lesley at the Softball BC office.

Phone: 604-531-0044

Email: [info@softball.bc.ca](mailto:info@softball.bc.ca)

Please submit requests no later than 5 working days prior to your event and include any and all travel days in your request, not just playing days.

Thank you.



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**TRAVEL PERMIT REQUEST**

**DATE REQUESTED:** \_\_\_\_\_

**THIS TRAVEL REQUEST IS FOR:**

\_\_\_\_\_  
*(Name of player, team, coach or umpire)*

**From the Municipality of:** \_\_\_\_\_, British Columbia

**This player, umpire, coach, and/or team would like permission to travel to:**

\_\_\_\_\_  
*(City, Province/Territory and Country)*

**For the:** \_\_\_\_\_  
*(Name & Type of Event)*

**From:** \_\_\_\_\_

**To** \_\_\_\_\_  
*(Dates team, coach, umpire or player will be out of BC)*

**Purpose of Travel:** \_\_\_\_\_

Provided all applicable rules, regulations, and fees of Softball BC and all other affiliated associations are strictly adhered to:

Signed by: \_\_\_\_\_ Title: Executive Director, Softball BC

**Office Use Only:**

\*Travel Medical Insurance has been purchased through Softball BC

\*Travel Medical Insurance has been declined through Softball BC



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**Calculation of Travel Medical Insurance Coverage:**

Number of travel days \_\_\_\_\_ X \$15.00 per day/team = \$ \_\_\_\_\_

**Method of Payment**

**Credit Card**

**Visa**

**MasterCard**

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Card Number

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Expiry: Month/Year

Name as it appears on card: \_\_\_\_\_

**CASH**

**CHEQUE**

**I decline the purchase of Travel Medical Insurance for the Player, Umpire, Coach or team listed above**

\_\_\_\_\_

\_\_\_\_\_

**(Please print name)**

**Signature**

**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ CASH CHEQUE CREDIT CARD