



INTER STATE TOUR PERMIT

Name of Club/Association, Zone: _____

Type of Teams:

(Club/Association, Zone) _____

Age Group: _____

Number of Players: _____

Tour in Charge of: _____

Number of Officials: _____

Details of Tour: _____

Date of Tour: _____

Host Organisation: _____

Mode of Travel: _____

Type of Accommodation for Players: _____

Estimated Cost of Tour (Total): _____

**Approval is granted for the above Tour by:
Signed by Secretaries of:**

Club: _____

Competition Management Centre: _____

Zone: _____

**Forward to Football QLD for Sanctioning
Copy of Invitation from Host to be attached**