



Saskatchewan Rugby Union

213 – 1870 Lorne Street, Regina, SK S4P 2L7 Ph: 306.780.9353 Fax: 306.781.6021

Website: www.saskrugby.com E-Mail: sru@sasktel.net

Incoming Tour Request

Tour Dates: _____ Number of Players _____ Support Staff _____

Date of application: _____ (Please submit at least 6 weeks prior to arrival)

Hosting SRU Union, Club or School:	Team or School Name:
TOUR LIAISON PERSON	TOURING PARTY MANAGER
Name & Email: _____	Name & Email: _____
Address: _____	Address: _____
City, Prov.: _____	City, Prov.: _____
Postal code: _____	Postal code: _____ Country: _____
Phone (w) _____ (h) _____	Phone (w) _____ (h) _____

PROPOSED MATCHES - please print

	vs.	Union	Date	Location	Kick Off	contact	Phone/email
1							
2							
3							
4							

Tour approval is granted conditional to receiving confirmation that the tour is appropriately insured. Please forward details of your insurance coverage to the Saskatchewan Rugby Union at your earliest convenience, along with a tour roster including birthdates. A letter from your home union should be provided giving tour approval. Failure to provide all documentation will invalidate the tour approval.

Arriving at: _____ Airline: _____ Time: _____

Departing from: _____ Airline: _____ Time: _____

<i>Approved by sub union</i>	<i>Approved by S.R.U.</i>	<i>Approved by Rugby Canada</i>
Signature:	Signature:	Signature:
Position:	Position:	Position:
Union:		

**Please return this form to the Saskatchewan Rugby Union