



APPLICATION FOR APPROVAL TO TRAVEL OVERSEAS

(To be completed by team and returned by the Netball Region/Centre to Netball New Zealand Inc, PO Box 99-710, Newmarket, Auckland, Email info@netballnz.co.nz, Fax 09-6235777)

NAME OF TEAM

DATES OF TOUR

ITINERARY (schedule of games and opposition)

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REASON FOR TOUR

FINANCIAL SOURCES

PERSONNEL TRAVELLING

Officials:

Coach

Manager

Other - Specify

NEW ZEALAND CONTACT

Name:.....

Phone:Email:.....

OVERSEAS CONTACTS

Name.....

Phone.....Email.....

I confirm that:

- 1 The team will not be publicised as being a "New Zealand Team."
- 2 I will forward a report of the tour, through the Netball Region/Centre if required.

Name..... Signed: Date.....

Position held in Club or Tour party.....

Address.....

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This tour is approved by the Netball Region/Centre and is forwarded for Netball New Zealand Inc approval.

Name..... Signed..... Date.....

Netball Region/Centre

Postal Address

PLEASE NOTE THIS APPLICATION MUST BE MADE AT LEAST 1 MONTH PRIOR TO DEPARTURE

This tour has been approved by Netball New Zealand: Signed _____ Date: _____