

NEW ZEALAND RUGBY (INC)

APPLICATION FOR A SCHOOL TEAM TO TRAVEL OVERSEAS (This page to be completed by the Provincial Union)

Name of School _____

In regard to the attached application the _____ **RFU**

- 1**
 - (a)** Recommends approval should be given, or
 - (b)** Does not consider approval should be given

- 2.** Is satisfied that the School's trip funds are held in hand

- 3.**
 - (a)** Confirms that the tour has the written approval of the host National Union
 - (b)** Requests NZRU to ascertain if the tour has the approval of the host National Union.

- 4.** Certifies that all players are students of the school.

Authorised by: _____

(Provincial Union CEO / Secretary / Other Designated PU Official)

Position: _____

Date: _____

NEW ZEALAND RUGBY (INC)

APPLICATION FROM AFFILIATED SCHOOL TEAM TO TRAVEL OVERSEAS

(To be completed and a copy to be sent to the School's Provincial Union for approval not less than three months before proposed date of departure)

NAME OF SCHOOL _____

GRADE OF TEAM TO TRAVEL _____

COUNTRY OF DESTINATION _____

TOUR ORGANISER DETAILS Name _____

Telephone (Work) _____

Telephone (Home) _____

Facsimile _____

DEPARTURE DETAILS Date _____ Flight Number _____

RETURN DETAILS Date _____ Flight Number _____

NUMBERS IN PARTY PLAYERS..... OFFICIALS..... SUPPORTERS..... TOTAL.....

ARE ALL PLAYERS STUDENTS AT THE SCHOOL? Yes No

NAME OF HOST SCHOOL	PROVINCE /REGION	DATE OF MATCH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Written evidence of invitation to travel by hosts attached Yes

Cost of Trip: _____ Trip Funds on Hand Yes No

Injury/Illness Insurance Travel Insurance Cover Taken Out Yes No

Your team will be required to purchase adequate personal insurance cover for your tour.

The NZRU Compulsory Insurance policy covers those players registered under the player registration system but ONLY when serious permanent injury is determined.

All travelling players are registered under the NZRU player register system Yes No

Certified Correct: _____ (School Principal)

Name (Please Print) _____

Date _____