



**RINGETTE MANITOBA
REQUEST FOR TRAVEL PERMIT**

Date: _____

TEAM INFORMATION

Name: _____	
Division: _____	
Team Contact: _____	
Phone: _____	E-Mail: _____

TOURNAMENT INFORMATION

Tournament Name: _____	Tournament Dates: _____	
Location: _____		
Departure Date: _____	Return Date: _____	
Accommodation Information: _____		
Mode of Transportation: _____		
# of Participants: _____	Athletes _____	Staff _____

Please list any players that will be participating and travelling with your team that are not listed on your roster:

Submit to:

RINGETTE MANITOBA
145 Pacific Avenue
Winnipeg, Manitoba R3B 2Z6
Fax: 925-5925