



**MEDICAL COVERAGE  
2009-2010 PERMIT FOR OUT-OF-COUNTRY TRAVEL**

Full Name of Team \_\_\_\_\_ Age Group \_\_\_\_\_

District/League/Association \_\_\_\_\_

Manager or Coaches Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

We request permission to play games against opponents outside of British Columbia between the dates of:

\_\_\_\_\_ and: \_\_\_\_\_ Year: \_\_\_\_\_

Please provide the name and location of the event:

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

**We wish Out-of-Country Insurance and enclose (\$2.00 per PLAYER/COACH per DAY):**

# \_\_\_\_\_ players/coaches X # \_\_\_\_\_ days X \$ 2.00 = \$ \_\_\_\_\_ .00 (TOTAL)

I hereby declare that the team has cleared all organizational commitments and responsibilities during the period the team will be absent from British Columbia:

Signature of team manager of coach: \_\_\_\_\_ Date: \_\_\_\_\_

For information, please call the BC Amateur Baseball Association: Tel#: (604) 586-3310  
Please fax this form to (604) 586-3311  
And mail original with payment to Baseball BC, #310 – 15225 104th Ave., Surrey, B.C., V3R-6Y8

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Amount: \_\_\_\_\_ BCABA: \_\_\_\_\_