

APPLICATION TO TRAVEL / HOST

Note: This form is used for tours/matches within QLD only. All interstate tours/matches need to be lodged on the approved NRL Match Sanctioning Form.

| TOUR DETAILS | | |
|----------------------------------|---------------------|---------------------------|
| Date from: / / To | o: / / | |
| Host team: | | Age/Grade: |
| Host club/body contact person: | | |
| Host club/body contact details: | Mobile: | Email: |
| Touring team: | | Age/Grade: |
| Touring club/body contact person | on: | |
| Touring club/body contact detai | ils: Mobile: | Email: |
| Touring party & officials - | Number of players: | Number of coaching staff: |
| Number of managers: | Number of trainers: | Number of support staff: |
| Touring manager name: | | |
| Touring manager contact details | s: Mobile: | Email: |
| | | |

MATCH DETAILS

| | DATE/S OF MATCHES | TIME/S | VENUE/S |
|----|-------------------|--------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

PAGE 2



Milton Qld 4064

MATCH REQUIREMENTS

Please tick to confirm the following QRL Sanctioning Conditions are met:

All participating players are registered with a QRL Club that has up-to-date insurance.

All participating staff (Coaches, Leaguesafe, Trainers) are accredited and registered.

All match officials are accredited and registered.

The host body is an affiliate of QRL.

There is no conflict with another QRL or League event.

All players participating meet the age eligibility criteria set out in the QRL rules.

Grounds are suitably prepared (field markings, post pads, playing surface etc.).

Accredited Level One Trainer is in attendance for the duration of the event.

All event participants are aware that the NRL Code of Conduct will be strictly enforced.

All judiciary or disciplinary matters resulting from the event will be handled by the host Local League.

NOTE: the host body accept full responsibility for ensuring that the above conditions are satisfied.

APPROVALS

LEAGUE APPROVAL (HOST TEAM) DIVISION APPROVAL (HOST TEAM)

DATE: DATE:

CHAIRPERSON: OPERATIONS MANAGER:

PHONE: PHONE: **EMAIL: EMAIL:**

LEAGUE APPROVAL (TOURING TEAM) DIVISION APPROVAL (TOURING TEAM)

DATE: DATE:

CHAIRPERSON: OPERATIONS MANAGER:

PHONE: PHONE: **EMAIL: EMAIL:**