

Application for Permission to Tour

This application must be completed and returned no later than 1 month prior to the tour. Please return to the Schools Department Rugby House, 200 Whitton Road, Twickenham TW2 7BA schools@therfu.com

School Details		
Name of School		
School Address		
School Telephone Number		
School E-mail Address		
School 24Hour Emergency Contact		
County affillated to		
Tour Manager		
Name		
Address		
Telephone Number		
Mobile Number		
Position in School		
Tour Manager's E-mail		
Country(ies) to be visited		
Date of proposed Tour	FromTo	inclusive
Organiser Overseas		
(This may be your travel agent) Name of Host Contact		
Address:		
Telephone Number:		

Matches to be Played				
Opposition Name :		Date of Match:		
You will need to provide a fina	al itinerary /confirmation o Please E-mail hayleymir		prior to departure.	
Composition of Party				
Players		Non Players		
			[]	
Officials		Age Group Travelling		
Tour Operators Details (where Name of Tour Operator	<u>applicable)</u>			
Name of Organiser				
Address				
Address				
Telephone Number				
E-mail Address				
Travel Agent ATOL Number				
Insurance Details				
You will need insurance that co	overs your school for gene insurance c		rugby. Please attach your	
If you have obtained approval a	lready, please provide det	ails below – if not, we will o	btain	
approval on your behalf".				
Name of official				
Official Position				
Signature of Tour Leader				
Signature of Head teacher				
The RFU reserves the right to de	cline permission for the pr	roposed tour if:		

This form is submitted later than 1 month proir to departure You are unable to confirm insurance for the tour You are not affiliated to the England Rugby Football School Union

> Schools Department - Community Rugby Rugby Football Union, 200 Whitton Road, Twickenham TW2 7BA Tel: 020 8831 6756 Fax: 020 8831 7442 <u>schools@therfu.com</u>