PRINCE GEORGE YOUTH VOLLEYBALL CLUB Tour Permit

NOTE: This permit must be completed and forwarded to the PGYVC Board of Directors ONE WEEK before traveling outside Prince George city limits. If the travel is within Prince George city limits, a permit is not required.

Team Name		Club	Ranking (i.e. U15 t	oys A):		
Number in P	arty Traveling: Adult Drivers	Other Adults	Coaches/Assts	,	Youth	
Male	Addit Dilvers	Other Addits	Coaches/Assis	•	1 Outil	
Female						
Date Leaving Prince George: Total Days Traveling:		Da Da	te Returning to Prince ys at Destination:	ce George: _		
Stopovers Pl Route Plan:	anned at:					
Final Destination: Facility Phone No:						
Hotel/motel Name:						
	eling with Team					
Name:				_ Age:		
	one: (home) (work)			(cc	ell)	
	nt Traveling with T					
Name:				_ Age:		
Address:						
			(work)		(ce	ell)
Other Adults	s Attending					
Name:			Phone:		_ (cell)	
Name:			Phone:			
Name:			Phone:			
Name:			Phone:		_ (cell)	
Proof of val	id Driver's License	has been obtained:		Yes	No	
		ch vehicle has been o		Yes		
	nts and coaches who carr	y PGYVC youth as passer	ngers in their vehicles m	ust maintain the	eir liability insura	nce
Description of	of Vehicles:					
Make:	Model:	Licens	se No:	Colour: _		
Make:	Model:	Licens	se No:	Colour: _		
Make:	Model:	Licens	se No:	Colour: _		
Make:	Model:	Licens	se No:	Colour: _		
PGYVC Board Approval: Date:						