

COLUMBUS PARKS & RECREATION TRAVEL PERMIT

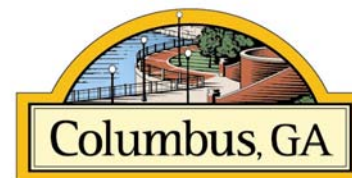
COACHES LAST NAME, FIRST NAME	HOME PHONE NUMBER	CELL PHONE NUMBER

	BIRTH DATE	PLAYER'S LAST NAME	PLAYER'S FIRST NAME
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TEAM NAME

SPORT

CLASS/AGE/GENDER



CONSOLIDATED GOVERNMENT
What progress has preserved.



TOURNAMENT NAME	
TOURNAMENT SITE	
TOURNAMENT DATE(S)	
TOURNAMENT DIRECTOR	
TOURNAMENT PHONE #	

I AS THE TEAM REPRESENTATIVE, AM PRESENTING THIS INFORMATION TO BE CORRECT AND VALID. I UNDERSTAND THAT ANY MISREPRESENTATION OF THIS INFORMATION CAN RESULT IN MY SUSPENSION IN FIELD USAGE PRIVILEGES AS A COACH OF AN ORGANIZED SPORTS TEAM ON CITY PROPERTY.

COACH'S SIGNATURE**DATE**

THIS FORM MUST BE RECEIVED BY THE COLUMBUS PARKS & RECREATION - ATHLETIC OFFICE PRIOR TO DEPARTURE.

IT MAY BE FAXED, EMAILED, MAILED, OR PERSONALLY DELIVERED

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