

## INTERSTATE TOURING PERMIT

TASMANIA					
Name of CLUB or ASSOC	IATION				
Age group of team touri	ng				
Details of each	n player touring				
FFA number		Name of Player		Date of Birth	
					_
					_
					_
					$\overline{}$
					_
Details of each	Team Official acc	companying the team			
	RINT name of Tea		Conta	ct phone	
	FRINT Hame of Team of		contact phone		
Name of Tou	r LEADER				
Date(s) of Tour			to		(inclusive)
This Tour will be travelling to the state(s) of			Add furth	Add further details of the tour be	
state(s) of					
	Approval	is granted for the tour de	tailed above by		
	Print your nam	e in BLOCK letters	Please	sign a	and DATE
CLUB ( if club team )					
Association					
FFT					