



**MEDICAL COVERAGE
OUT-OF-COUNTRY TRAVEL PERMIT FOR MEMBERS**
(April 1st to March 31st)

Full Name of Team _____ Age Group _____

District/League/Association _____

Manager or Coaches Name _____

Mailing Address _____ Postal Code _____

Home Phone _____ Business Phone _____ Fax Number _____

Email address _____

We request Out of Country coverage, but not excluding the Canadian province of Quebec, the same as all of or parts of the following dates indicated:

_____ And/to: _____ Year: _____

Please provide the name and location of the event:

Name of Event: _____ Location: _____

We wish Travel Insurance and enclose (\$3.00 per MEMBER per DAY):

_____ players/coaches X # _____ days X \$ 3.00 = \$ _____ .00 (TOTAL)

I hereby declare that the team has cleared all organizational commitments and responsibilities during the period the team will be absent from British Columbia:

Signature of Team Manager or Coach: _____ Date: _____

For information, please call the BC Amateur Baseball Association: Tel#: (604) 586-3310
Please e-mail this form & list of members to scottm@baseball.bc.ca or fax to (604) 586-3311
And mail originals with payment to Baseball BC, #310 – 15225 104th Ave., Surrey, B.C., V3R-6Y8

FOR OFFICE USE ONLY:

Date received: _____ Amount: _____ BCABA: _____