

Application to receive an incoming tour

 This application should be completed and returned to your County Schools Union at least one month prior to receiving the tour.

Contact Details			
Name of School/College:			
Address:			
Telephone number:		Affiliated	CSU:
Email:			
Teacher i/c Rugby:		Contact r	umber:
Touring Team Information			
Name of the School / College / Team touring:			
Country touring from:			
Address:			
Name of Tour Manager:			
Telephone number:	On Tour:		
Email address:			
Date:	Teams:		Venue:
16	Pot additional management		h a d an accada d
If necessary, list additional games on a separate sheet or overleaf.			
FOR ENGLAND RUGBY FOOTBALL SCHOOL USE ONLY: A copy of this form MUST be reviewed prior to Tour permission being granted.			
Tour approved by:			
Name:		Position:	
Signature:		Dated:	