



## APPLICATION TO TRAVEL / HOST

**Note:** This form is used for tours/matches within QLD only. All interstate tours/matches need to be lodged on the approved NRL Match Sanctioning Form.

### TOUR DETAILS

Date from:     /     /     To:     /     /

Host team: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Host club/body contact person: \_\_\_\_\_

Host club/body contact details: Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Touring team: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Touring club/body contact person: \_\_\_\_\_

Touring club/body contact details: Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Touring party & officials -     Number of players:     Number of coaching staff:

Number of managers:     Number of trainers:     Number of support staff:

Touring manager name: \_\_\_\_\_

Touring manager contact details: Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### MATCH DETAILS

| DATE/S OF MATCHES | TIME/S | VENUE/S |
|-------------------|--------|---------|
| 1.                |        |         |
| 2.                |        |         |
| 3.                |        |         |
| 4.                |        |         |



## MATCH REQUIREMENTS

Please tick to confirm the following QRL Sanctioning Conditions are met:

All participating players are registered with a QRL Club that has up-to-date insurance.

All participating staff (Coaches, Leaguesafe, Trainers) are accredited and registered.

All match officials are accredited and registered.

The host body is an affiliate of QRL.

There is no conflict with another QRL or League event.

All players participating meet the age eligibility criteria set out in the QRL rules.

Grounds are suitably prepared (field markings, post pads, playing surface etc.).

Accredited Level One Trainer is in attendance for the duration of the event.

All event participants are aware that the NRL Code of Conduct will be strictly enforced.

All judiciary or disciplinary matters resulting from the event will be handled by the host Local League.

All guidelines for managing concussion are followed, including the use of the approved Head Injury Recognition and Referral form.

**NOTE:** the host body accept full responsibility for ensuring that the above conditions are satisfied.

## APPROVALS

### LEAGUE APPROVAL (HOST TEAM)

DATE:

CHAIRPERSON:

PHONE:

EMAIL:

### REGION APPROVAL (HOST TEAM)

DATE:

LEAGUE SUPPORT MANAGER:

PHONE:

EMAIL:

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### LEAGUE APPROVAL (TOURING TEAM)

DATE:

CHAIRPERSON:

PHONE:

EMAIL:

### REGION APPROVAL (TOURING TEAM)

DATE:

LEAGUE SUPPORT MANAGER:

PHONE:

EMAIL:



**Queensland Rugby Football League Limited**

ABN 65 009 878 013

83 Castlemaine Street  
Milton Qld 4064

Locked Bag 3000  
Paddington Qld 4064

T +61 7 3367 6000  
F +61 7 3367 6085

E [rugbyleague@qrl.com.au](mailto:rugbyleague@qrl.com.au)  
[qrl.com.au](http://qrl.com.au)