**This form must be submitted to SWF 30 days prior to the start of the tournament.**

|  |  |
| --- | --- |
| Name of tournament:  |  |
| Organiser |  |
| Age Group |  |
| Dates |  |
| Venue |  |
| Host Club  |  |
| Club ID Number |  |
| Region |  |
| Postcode  |  |
| Tel.No |  |
| Email |  |

|  |  |
| --- | --- |
| Tournament Organiser First aider |  |

I confirm that the above organisation has a valid insurance certificate to cover this event [ ]

I have provided a copy of the proposed rules of the tournament [ ]

I have provided copies of travel permits (if relevant) [ ]

I have submitted a copy of all invited teams [ ]

|  |
| --- |
| Signed:  |
| Dated:  |
| On behalf of  |
| **For official use only**: Permission number:  |
| Signed: Dated:  |

Completed forms should be returned to swf@scottish-football.com