

**DEMANDE D'AUTORISATION POUR UN ECHANGE INTERNATIONAL**

(A renvoyer à la FFR XIII – 30, rue de l'Echiquier – 75010 PARIS – par courrier  
ou par fax au 01 48 00 07 02 – ou par E-mail à [contact@ffr13.fr](mailto:contact@ffr13.fr))

ECHANGE :                      EN FRANCE                          A L'ETRANGER   

NOM DU CLUB FRANÇAIS : .....

NOM DU  
RESPONSABLE : .....

TEL. : ..... PORTABLE : .....

E-mail : .....

ADRESSE : .....

.....  
SIGNATURE ET CACHET DU CLUB :

NOM DU CLUB ETRANGER :

.....  
NOM DU  
RESPONSABLE : .....

TEL. : ..... PORTABLE : ..... E-mail : .....

Nombre de personnes de la délégation : ..... joueurs / ..... officiels

**DESCRIPTION DE L'ECHANGE :**

DUREE DE L'ECHANGE : DU ..... AU .....

AGE DES JOUEURS CONCERNES .....

LIEU DE SEJOUR : .....

RENCONTRES PREVUES (préciser le lieu) :

..... à .....

..... à .....

ARRANGEMENTS FINANCIERS PREVUS :

.....



**INTERNATIONAL MATCH SANCTION FORM**

The host National Governing Body should complete the form and return, with all supporting documentation, to the APRLC or the RLEF via e-mail no less than three months prior to the intended fixture date.

**FIXTURE INFORMATION**

Home team vs Away team:	
Date:	Venue:
Venue Address:	

Date Application submitted:

**HOST INFORMATION**

Name of the NGB:	
Application submitted by:	Position:
Tel: (H)	(M)
(W)	(E Mail)
Address:	Postcode:
	Date Application Submitted:

**AWAY TEAM INFORMATION**

Name of NGB:	
Fixture	
Confirmed by:	Position
Tel. (H)	(M)
(W)	(E Mail)
Proposed Number in visiting party: Players	Officials

Start/End Dates of Proposed Tour:

Contact details for the touring team:

Funding of the tour

Do you have a reciprocal arrangement re the financing of the tour?

If not, what arrangements are in place?

Please attach any additional information you have about funding you have received or expect to receive for this tour.

**APPROVAL REQUIREMENTS**

Insurance

Is Personal Accident and Public Liability insurance in place?

Specific agreements in place between NGBs (list all)

RLEF / APRLC Sanctioned

Name:

Date:

Position:

Signed:

By entering your name above, you are digitally signing this document.