



michigan high school athletic association

1661 ramblewood drive, east lansing, michigan 48823 -7392

## TRAVEL FORM FOR OUT-OF-STATE PRACTICE

Regulation II, Section 6 (C) requires schools to notify the MHSAA in writing at least thirty (30) days in advance of departure for any interstate travel beyond six hundred (600) highway miles round trip by high school teams, under school jurisdiction for the purpose of PRACTICE. **All schools that complete this form will be listed in the *MHSAA Bulletin* and on the MHSAA Web site.**

Note: For Out-of-State Travel for CONTESTS OR MEETS see Regulation II, Section 6 (A & B)

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ DIVISION/CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SPORT: \_\_\_\_\_ COACH: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ ATHLETIC DIRECTOR: \_\_\_\_\_

### TRAVEL INFORMATION

DESTINATION: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEB SITE OR PHONE OF PROPERTY: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

TRANSPORTATION MODE: \_\_\_\_\_

The submission of the "Form" to the MHSAA office in no sense implies the MHSAA approves the activity or accepts any responsibility for the activity. MHSAA catastrophic accident medical insurance does NOT cover ANY activities beyond the mileage limits of *MHSAA HANDBOOK* Regulation II, Section 6, even if those activities are not expressly prohibited by the MHSAA.

The *MHSAA HANDBOOK* states in part that no member school shall compete in any interstate meet, single game of a multiple team event, or contest which involves travel of more than six hundred (600) highway miles round trip for any participating school. For spring sports, with submission of this form, up to four scrimmage dates are allowed against MHSAA member schools only. Scrimmages must adhere to MHSAA scrimmage regulations of Reg. II, Section 11.

OUR SCHOOL WILL ADHERE TO THE LETTER AND SPIRIT OF THESE LIMITATIONS.

#### SIGNATURES

#### DATE

PRINCIPAL: \_\_\_\_\_

ATHLETIC DIRECTOR: \_\_\_\_\_

COACH: \_\_\_\_\_

Complete and return the travel form and email to [paige@mhsaa.com](mailto:paige@mhsaa.com).