



INTERDISTRICT & USA HOCKEY TOURNAMENT TRAVEL / EXHIBITION GAME FORM

1. This form should be filled prior to:
 - a. Any Exhibition Games being played against other BC Hockey teams, other Hockey Canada Branch teams or USA Hockey teams.
 - b. Any Tournament travel outside your district, the province or to the United States.
2. This form must be completed **in full** and submitted to your **District / Divisional Director** at least **7 to 10 business days prior** to the scheduled date of event.
3. For play against teams in the United States, the teams must be **registered members of USA Hockey** (Regulation 3.11).
4. The **President** of your Association must endorse all requests at the Minor Hockey level. **APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS ENDORSEMENT.**
5. Teams wishing to travel to IIHF countries other than the United States should fill out the IIHF Tour Sanction Form.

Requesting Team: _____

Association Name: _____

Address: _____

City: _____ **Postal Code:** _____

Contact Person: _____

Position with Team: _____

Contact Details: _____
(Home Phone) (Email)

Type of Event: Exhibition Game Tournament

List of other teams at Event: _____

Dates and Times of Event: _____

Host Association: _____

Location of Event: _____

Address of Event: _____

ENDORSEMENT (Must be signed by the Association President):

Association President Signature Date Submitted

BC HOCKEY USE ONLY

___ Approved Date: _____ Signature: _____

___ Denied Reason(s): _____



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IMPORTANT: The following conditions must be met or disciplinary action may result.

1. Local league and play-off commitments have been met.
2. The event is sanctioned.
3. All opposing teams are appropriately registered members of a Hockey Canada / BC Hockey recognized organization.
4. All original game sheets will be mailed to the undersigned immediately upon the team's return.
5. If permission is granted to travel outside of Canada, personal insurance must be obtained, as Hockey Canada will not respond as primary coverage.

Refer to BC Hockey Regulation 3 for full guidelines.