

Tournament/Exhibition Game Travel Form

Association: **Powell River Minor Hockey**

President: Mike Mastrodonato

Team Name: _____ Coach(s): _____

Division: _____ Date of Event: _____

Please check the appropriate type of event and complete the information:

Tournament

Exhibition Game

TOURNAMENT/EXHIBITION GAME SANCTION

Permit Number (if applicable) _____

Association Name: _____

Event Contact Name: _____

Telephone Number: _____ Fax #: _____

E-mail: _____

Number of Games: _____

IMPORTANT: The following conditions shall 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 HC/BCAHA recognized organization.
4. All original game sheets will be mailed to the undersigned immediately upon the team's Return
5. Team Manager must email ice scheduler minimum two weeks prior to travel.

PLEASE NOTE: A TEAM ROSTER OF THE PLAYERS WHO WILL BE TRAVELLING MUST BE ATTACHED TO THIS APPLICATION.

Powell River Minor Hockey Association President

Travel # _____

Date