



HOCKEY NL IN-PROVINCE TRAVEL NOTICE FORM

All Minor Hockey Association with teams travelling within the Province, but outside their Association or sanctioned League, must complete and file this Travel Novice form with their respective Member. **Forms may be submitted on a daily or weekly basis. Weekly forms must be received by the Member before 3:00 pm on Friday of each week.** Failure to comply with this requirement shall result in a \$250 sanction to the Minor Hockey Association.

Minor Hockey Associations who host games and/or tournaments with teams from outside their Association are required to request a copy of the completed Travel Notice Form from each Team. Failure to comply with this shall result in a \$250 fine to the Host Association.

Steele Hotels are the Title Sponsor for all Provincial Minor Hockey Tournaments and the Hockey NL preferred hotel. All teams travelling to Corner Brook, Gander and St. John's are encouraged to contact Mr. Garry Stamp, General Sales Manager, for availability. Mr. Stamp may be reached at 1-800-503-1603, 1-709-738-4480 (office), 709-727-1767 (cell) or email gstamp@steelehotels.com.

Minor Member Email:

Central Member – Dean Ralph, Email: dralph@hockeynl.ca
Eastern Member – Greg Barton, Email: gbarton@hockeynl.ca
Northern Member – Shawn Brown, Email: sbrown@hockeynl.ca
Tri Pen Member – Wendy Penney, Email: wpenney@hockeynl.ca
Western Member – Neil Keeping, Email: nkeeping@hockeynl.ca

Female Member Email:

Central Member – Heidi Hefford, Email: hhefford@hockeynl.ca
Eastern Member – Tony Lambert, Email: tlambert@hockeynl.ca
Northern Member – Tina Martin, Email: tmartin@hockeynl.ca
Tri Pen Member – Ian Flynn, Email: iflynn@hockeynl.ca
Western Member – Sara Taylor, Email: staylor@hockeynl.ca

Minor Hockey Association: _____

President Name and Signature: _____

DATE OF TOURNAMENT / GAME	DIVISION	TEAM NAME	Number of Players Traveling	Host Association	Contact and Phone # of Host Association

Traveling Head Coach	Traveling Assist. Coach 1	Traveling Assist. Coach 2	Traveling Team Trainer	Team Manager	Managers Contact Number

Approved By Member (Please Print) _____

Signature _____

Date _____