

Hockey Newfoundland & Labrador

P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4

Ph: 709-489-5512 Fax: 709-489-2273

Email: office@hockeynl.ca

TOURNAMENT/EXHIBITION SERIES SANCTION REQUEST FORM

Tournament Official Name: _____

Tournament Location: _____

Tournament Date: _____

Indicate Division(s) Applicable

☐ U7
☐ U15

☐ U9
☐ U18

☐ U11
☐ Female

☐ U13
☐ Other _____

Indicate Category Applicable

☐ AAA

☐ All Star

☐ House League

Will you be having teams entered from outside our branch: ☐ Yes ☒ No

If yes, please submit a tournament fee of \$50, and a \$10 fee for each team from outside the branch as per HC Regulation Q18(b).

Please send a copy of all travel permits to the branch office for teams traveling from outside our branch.

Requests must be forwarded to the branch office at least three weeks prior to the commencement of the tournament for possible sanctioning.

***This Tournament hereby agrees to abide by all
HC and HNL Rules and Regulations & all teams participating are
registered with HC / HNL***

Contact Name: _____ Phone: _____ Fax: _____

Email: _____

Signature: _____ Association/League/Team _____

Host Association President's Signature: _____

FOR OFFICE USE ONLY

HNL Date Received: _____

HNL Council Authorization: _____

Date Approved: _____

HNL Authorization: _____

Date Approved: _____