



Date: _____

HOCKEY ALBERTA

Senior / Junior Hockey Sanction Request

This form shall be completed, in its entirety, by any Club Team that wishes to Host a Tournament, play outside of their League, or travel outside of the Province to play a Tournament or Exhibition game.

-PLEASE PRINT-

Team Name / Contact Information:

Team: _____ League: _____

Team Contact: _____ Position: _____

Phone #: _____ Email: _____

**** Please ensure you include your Email Address as this is how the permit will be returned.**

Please Identify the Division and Category of hockey:

☐ Senior Male☐ Senior Female☐ Junior Male☐ Junior Female☐ AAA☐ AA☐ A☐ B☐ C

Please indicate the type of Sanction you are requesting:

☐ We would like to Host a Tournament.☐ We would like to travel outside of the Province to play in a Tournament or Exhibition Game.☐ We would like to play a team outside of our League in an Exhibition Game.

Team(s) Playing Against: _____

Date(s) of Game(s): Start - _____ Finish - _____

Location of Game(s): _____

If attending a Tournament, please provide the Tournament Sanction #: _____

Team Contact Signature: _____

EMAIL (info@hockeyalberta.ca) THIS FORM TO THE HOCKEY ALBERTA OFFICE

-CONDITIONS-

1. Teams must submit a Tournament Sanction request one (1) month prior to the intended Tournament date. A list of all confirmed, participating teams must be submitted one (1) week prior to the Tournament.
2. Teams must have permission from Hockey Alberta before playing Exhibition or Tournament Games outside of Alberta or their League. **Note** : For International Travel please contact the Hockey Alberta Office.
3. The Approved Permit must be carried with the team at all times (**this completed document is the Permit**).
4. Exhibition or Tournament Games must not conflict with any Hockey Alberta commitments.
5. Copies of all Game Sheets and Officials' Reports must be sent to the Hockey Alberta office within 48 hours of completion of the Game(s).
6. Teams must adhere to Tournament and Exhibition Game Regulations as set out by the Host Branch.

APPROVAL – FOR HOCKEY ALBERTA USE ONLY

Council Rep Name: _____

Date: _____

Council Rep Signature: _____

Permit #: _____