



ALLIANCE HOCKEY

Travel Permit Exhibition Game & ALLIANCE Tournament Competition

To play in an Exhibition game or ALLIANCE Hockey Tournament, teams must receive approval from their Operating Committee Representative or Association Delegate. **Important Note:** ALLIANCE TEAMS must receive approval from their Home Association. Each Association has the responsibility to ensure that participation is against Hockey Canada sanctioned teams. Participation against non-Hockey Canada and International Ice Hockey Federation sanctioned teams or unapproved travel may result in the forfeiture of Hockey Canada Insurance coverage and discipline to the respective team official(s).

Competition:

Your Team Information:

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PARTICIPATING IN:	
Exhibition Game	<input type="checkbox"/>
Tournament Game	<input type="checkbox"/>

TEAM DIVISION:	
Novice	<input type="checkbox"/>
Minor Atom	<input type="checkbox"/>
Atom	<input type="checkbox"/>
Minor Peewee	<input type="checkbox"/>
Peewee	<input type="checkbox"/>
Minor Bantam	<input type="checkbox"/>
Bantam	<input type="checkbox"/>
Minor Midget	<input type="checkbox"/>
Midget	<input type="checkbox"/>
Juvenile	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

TEAM CATEGORY:	
AAA	<input type="checkbox"/>
AA	<input type="checkbox"/>
A	<input type="checkbox"/>
MD	<input type="checkbox"/>
Select	<input type="checkbox"/>
House	<input type="checkbox"/>
BODY CHECKING:	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
OFFICIALS:	
Refs	<input type="checkbox"/>
Timer	<input type="checkbox"/>
	<input type="checkbox"/>

BRANCH COMPETITION:	
ALLIANCE	<input type="checkbox"/>
GTHL	<input type="checkbox"/>
NOHA	<input type="checkbox"/>
OMHA	<input type="checkbox"/>
ODHA	<input type="checkbox"/>
USA	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Competition Information (Exhibition ALLIANCE Hockey Tournament):

Tournament or Team Name: _____

Contact Name & Position: _____

Phone or Email: _____

Tournament Sanction #: _____

Exhibition Time/Date/Location: _____

Team Official Information (person completing form):

Team Name: _____

Contact Name & Position: _____

Phone: _____

Email & Fax: _____

Date Initiated: _____

ALLIANCE Hockey – Operating Representative / Association Approval

Name: _____

Signature: _____

Date: _____

ALLIANCE APPROVAL

Executive Director

LOCAL ASSOCIATION USE ONLY	
PAYMENT REQUIRED:	
AMOUNT:	
PAID:	