



HOCKEY NL

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

Tel: 709-489-5512

Fax: 709-489-2273

TRAVEL PERMISSION REQUEST

Minor Hockey Association: _____

Division(s): _____ (Ie. U15, U18 etc.)

Requests permission for their hockey team(s) to travel to:

Province: _____

Location: _____
(City/town)

Dates: _____

to participate in the

Tournament: _____ **OR**

Exhibition Game(s) (Opposing Team): _____

President's Name (please print)

President's Signature

Date

FOR OFFICE USE ONLY

Date Received at HNL Office: _____

Date Forwarded to Vice Chair Minor: _____

Approved by Vice Chair Minor: _____

Approved by Hockey NL Branch Office: _____

HOST BRANCH:

Please confirm that the above team/tournament is sanctioned by your Branch & forward to 709-489-2273 (fax) or thobbs@hockeynl.ca.

Name (please print)

Signature

Date