



# 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:

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

### Your Team Information:

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"/>

### Competition Information (Exhibition ALLIANCE Hockey Tournament):


Tournament or Team Name: \_\_\_\_\_  
 Contact Name & Position: \_\_\_\_\_  
 Phone or Email: \_\_\_\_\_  
 Tournament Sanction # \_\_\_\_\_  
 Exhibition 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	
<b>PAYMENT REQUIRED:</b>	
<b>AMOUNT:</b>	
<b>PAID:</b>	