



Game & Conduct Management: MHA Resource Manual

Appendix 6 – Special Event Sanction Form



Special Event Sanction – Request Form

Minor Hockey Association: _____

Minor Hockey Association Address: _____
(Box #, Street)

(City/Town) (Postal Code)

Contact Person: _____

Phone: _____
(Residence) (Business) (Fax)

A COPY OF A FACILITY CONTRACT MAY BE REQUESTED

TEAM(S) INVOLVED: _____ DATE (START): _____

TYPE OF FUNCTION: _____ DATE (FINISH): _____

- ON ICE ACTIVITIES
- ON ICE SPECIAL EVENTS
- OFF ICE CONDITIONING
- OFF ICE FUNDRAISING

LOCATION/FACILITY: _____ TIME: _____

ADDRESS: _____ CITY: _____

DESCRIPTION OF EVENT (BE SPECIFIC):

(IF MORE SPACE IS REQUIRED PLEASE USE SEAPARTE SHEET)

MINOR HOCKEY ASSOCIATION PRESIDENT (PRINTED NAME) DD / MM / YR

MINOR HOCKEY ASSOCIATION PRESIDENT (SIGNATURE)

ZONE TEAM USE ONLY

ZONE DATE RECEIVED: DD / MM / YR DATE APPROVED BY: DD / MM / YR

ZONE SIGNATURE: _____
ZONE COORDINATOR, GAME & CONDUCT MANAGEMENT