



# Northumberland Minor Hockey Association

## Select Ice Permission Request

Game/Practice Location: \_\_\_\_\_

Game/Practice Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Team Name/Colour: \_\_\_\_\_

Team Head Coach: \_\_\_\_\_

Division:      IP                      NO                      AT

(Circle One)

Team Contact: (Name) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

email: \_\_\_\_\_

### CONDITIONS

All Coaches, Managers or team officials hereby agree and will abide by ALL Select Guidelines, rules and regulations set forth by the NMHA and that all associated paperwork is correct.

### Team Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Divisional Governor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_