



Northumberland Minor Hockey Association

Tournament Permission Request

Tournament Location: _____

Tournament Date(s): _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Team Name/Colour: _____

Team Head Coach: _____

Division: IP NO AT PW BA M/J
(Circle One)

Team Contact: (Name) _____

Home Phone: _____ Bus Phone: _____

email: _____

CONDITIONS

All Coaches, Managers or team officials hereby agree and will abide by ALL tournament rules and regulations set forth by the host Tournament Committee and that all registration papers are correct.

Team Representative

Signature: _____ Date: _____

Divisional Governor

Signature: _____ Date: _____