

SASKATCHEWAN HOCKEY ASSOCIATION

#2 - 575 PARK STREET
REGINA, SASKATCHEWAN S4N 5B2
PHONE: (306) 789-5101 FAX: (306) 789-6112

TRAVEL PERMIT FOR TOURNAMENT / EXHIBITION GAMES (IN CANADA ONLY)

The (TEAM PARTICIPATING IN TOURNAMENT) _____ hockey team is hereby granted permission to participate in the _____ tournament / exhibition, which has been sanctioned by the (HOST BRANCH - PROVINCE) _____ Hockey Association under the Hockey Canada Regulations.

****NOTE: No Travel Permits to anywhere outside the branch will be issued to any teams in the appropriate age groups during Sask First Zone Camp and Tournament dates (6.06.04 & 8.05.07).**

Tournament dates: Start _____
End _____

This permission has been granted with the understanding that the first obligation of the team is to their regular league games, no team may participate in a tournament while in SHA playoffs.

Signed _____
SHA General Manager

Date _____
Received by SHA Office

PLEASE COMPLETE THE FOLLOWING INFORMATION TO HELP US IN RETURNING YOUR SIGNED COPY OF YOUR TRAVEL PERMIT - THANK YOU

CONTACT NAME: _____

MAILING ADDRESS: Street/Box: _____

City/Town: _____ Postal Code: _____

TELEPHONE: (Res): _____ (Bus) _____ (Fax) _____

E-MAIL ADDRESS : _____

