



## Sherwood Park Minor Hockey Association TRAVEL PERMIT REQUEST

Date of Application: \_\_\_\_\_ Team Name: \_\_\_\_\_ Team ID No. \_\_\_\_\_

Division: \_\_\_\_\_ EFHL Tier: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ e mail: \_\_\_\_\_ Ph.# \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_ e mail: \_\_\_\_\_

Event Type: *(Please select from the Dropdown Menu)*

If this is a **TOURNAMENT**, are you the Host Team?

**NO** *(If no, what is the location, City, Town, Arena of the Tournament)*

**YES** *(If yes, what SP Arena(s) or Outside Boundary Arena will be used)*

What is the Tournament Sanction No.?

Start Date of Event: \_\_\_\_\_ End Date of Event: \_\_\_\_\_

If this is an **EXHIBITION GAME**, are you the Home Team?      YES      NO

If this is an Exhibition Game, what is the opponent's Team ID No.?

If this is an Exhibition Game, what is the Permit No? *(Home Team will provide Permit No.)*

What is the Location ? *(City, Town, Arena)*

Start Date of Event: \_\_\_\_\_ Start Time of Event: \_\_\_\_\_

If this is a Travel Permit for **Regularly Scheduled PRACTICES in addition to Allotted Practice Ice WITHIN Association Boundaries** please list the Start Date followed by the End Date *(ie Start Date of Event: Monday, October 8<sup>th</sup> 2018 End Date of Event: Monday, February 25<sup>th</sup> 2019 # of weeks 19)*

Start Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Date of Event: \_\_\_\_\_ No. of Weeks \_\_\_\_\_ Approx. End Time: \_\_\_\_\_

If this is a Travel Permit for a **Single or Scheduled PRACTICE OUTSIDE of Association Boundaries** please complete the following:

Location: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Additional Information:

Please save completed form and submit to the SPMHA Office for approval: [admin@spmha.ab.ca](mailto:admin@spmha.ab.ca)