



## INTERDISTRICT TRAVEL / EXHIBITION GAME FORM

1. This form should be filled prior to:
  - a. Any Exhibition Games being played against other BC Hockey teams, outside your District.
  - b. Any Tournament travel outside your district, but within the province.
2. This form must be completed in full and submitted to your District Association at least **7 to 10 business days prior** to the scheduled date of event.
3. This form must include a Tournament Sanction number before the request will be considered.
4. The President of your Association must endorse all requests at the Minor Hockey level.
5. Teams wishing to travel to IIHF countries other than the United States should fill out the IIHF Tour Sanction Form.

**Requesting Team:** \_\_\_\_\_

**Association Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Position with Team:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_  
(Home Phone) (Email)

Type of Event:  Exhibition Game  Tournament (Sanction Number \_\_\_\_\_)

List of other teams at Event: \_\_\_\_\_

Name and Dates of Event: \_\_\_\_\_

Host Association: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

### ENDORSEMENT (Must be signed by the Association President):

\_\_\_\_\_  
Association President Signature Date Submitted

### BC HOCKEY USE ONLY

\_\_\_ Approved Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Reference # \_\_\_\_\_

\_\_\_ Denied Reason(s): \_\_\_\_\_



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**IMPORTANT:** The following conditions must be met or disciplinary action may result.

1. Local league and play-off commitments have been met.
  2. The event is sanctioned.
  3. All opposing teams are appropriately registered members of a Hockey Canada / BC Hockey recognized organization.
  4. A copy of the game sheets will be sent to the Minor Hockey Operations Task Group member or designate immediately upon the team's return.
  5. If permission is granted to travel outside of Canada, personal insurance must be obtained, as Hockey Canada will not respond as primary coverage.
  6. **Scan and email completed forms to [info@pcaha.bc.ca](mailto:info@pcaha.bc.ca) for PCAHA District Permission.**
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