



SPECIAL EVENT SANCTION REQUEST FORM

Completing This Form

1. This form must be completed **in full** and submitted to the BC Hockey office at least **7 to 10 business days prior** to the scheduled date of event.
2. To prevent delays in processing, please make sure to complete all fields and include a **full description** of the event.
3. Type into the fields on the form.
4. Print your request and mail, fax or scan and email it to the BC Hockey office for processing.
5. The processed form will be returned to your MHA , Junior / Senior Team President or MML Manger who will review and return it to the contact person listed on this form.

PART 1 MEMBER INFORMATION		
TEAM NAME	ASSOCIATION	
ADDRESS: NUMBER AND STREET	TOWN / CITY	POSTAL CODE
CONTACT PERSON	EMAIL	PHONE NUMBER
POSITION WITH MHA OR TEAM		

PART 2 EVENT INFORMATION
TYPE OF EVENT
DATE(S) AND TIME(S) OF EVENT
LOCATION OF EVENT
ADDRESS OF EVENT
DESCRIPTION OF EVENT (PLEASE INCLUDE DETAIL)

BC HOCKEY USE ONLY

PRINT

Unable to Process Approved Denied Date: _____

Explanation:

Reference Number: