



---

## TOURNAMENT APPLICATION REQUEST FORM

Team name: \_\_\_\_\_

Requests permission to participate in a tournament to be held in:

City: \_\_\_\_\_

Name of Tournament: \_\_\_\_\_

Category: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_

Tournament Chairman: \_\_\_\_\_ Phone: \_\_\_\_\_

This permission has been granted on the understanding that NO team may participate in a tournament while in Playoffs.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Coach Manager

**APPROVED** \_\_\_\_\_ **REJECTED** \_\_\_\_\_ **CONDITIONAL** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**OMHA Director**

Bring **TWO** signed copies of this form to AMHA Hockey office located outside ACC #4.

**Any games or practices that conflict please advise AMHA Ice Scheduler.**