# HOCKEY NWT

## TOURNAMENT SANCTION PERMIT

### REQUEST FOR TOURAMENT SANCTION

| | |
|---|---|
| Association: | Date of Application: |
| | |
| Start Date: | End Date: |
| | |
| Association President: | Tournament Convenor: |
| | |
| Address: | Address: |
| | |
| Phone Number (H): | Phone Number (H): |
| | |
| Phone Number (W): | Phone Number (W): |
| | |
| Fax Number: | Fax Number: |
| | |
| Signature: | Signature: |
| | |

| **Association/Division** | **Team Name** | **Body Checking** | **No. Participants** |
|---|---|---|---|
| | | *Y/N* | |
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This permit shall be posted in a conspicuous place within the arena where the tournament is being held.

THIS IS TO CERTIFY THAT

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HAS BEEN GRANTED THIS PERMIT TO SPONSOR AND OPERATE THE ABOVE TOURNAMENT

_____ _____

Signature of Hockey NWT Representative Date

PERMIT NUMBER: