



# Game & Conduct Management: MHA Resource Manual

Appendix 6 – Special Event Sanction Form



## Special Event Sanction – Request Form

Minor Hockey Association: \_\_\_\_\_

Minor Hockey Association Address: \_\_\_\_\_  
(Box #, Street)

\_\_\_\_\_  
(City/Town) (Postal Code)

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

Phone: \_\_\_\_\_  
(Residence) (Business) (Fax)

**A COPY OF A FACILITY CONTRACT MAY BE REQUESTED**

TEAM(S) INVOLVED: \_\_\_\_\_ DATE (START): \_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_ DATE (FINISH): \_\_\_\_\_

- ON ICE ACTIVITIES
- ON ICE SPECIAL EVENTS

- OFF ICE CONDITIONING
- OFF ICE FUNDRAISING

LOCATION/FACILITY: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

DESCRIPTION OF EVENT (BE SPECIFIC):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF MORE SPACE IS REQUIRED PLEASE USE SEAPARTE SHEET)**

\_\_\_\_\_  
MINOR HOCKEY ASSOCIATION PRESIDENT (PRINTED NAME)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD / MM / YR

\_\_\_\_\_  
MINOR HOCKEY ASSOCIATION PRESIDENT (SIGNATURE)

**\*ZONE TEAM USE ONLY\***

ZONE DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE APPROVED BY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YR DD / MM / YR

ZONE SIGNATURE: \_\_\_\_\_  
ZONE COORDINATOR, GAME & CONDUCT MANAGEMENT