

## SPECIAL EVENT SANCTION REQUEST FOR

## **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 start of the scheduled event.
- 2. Type into the fields on the form.
- 3. To prevent delays in processing, please make sure to complete all fields and include a **full description** of the event.
- 4. Submit the form to the BC Hockey office by email, fax or regular mail.
- 5. The processed form will be returned to your MHA President, Junior / Senior Team President or MML Manager who will review it and return it to the contact person listed on this form.

TEAM NAME		ASSOCIATION	
ADDRESS: NUMBER AND STREET	TOWN / CITY	POSTAL	CODE
CONTACT PERSON	EMAIL	PHONE	NUMBER
POSITION WITHIN MHA OR TEAM			
PART 2 EVENT INFORMATION			
TYPE OF EVENT	IF OTHER, P	PLEASE LIST HERE	
DATE(S) AND TIME(S) OF EVENT			
OCATION OF EVENT			
DDRESS OF EVENT			
DESCRIPTION OF EVENT (PLEASE INCLUDE	DETAIL)		
Submitting this request:			
	on your desktop, such as Microsof	it Outlook or Outlook Express	, please click th
If you have an email service installed ubmit button. An email will open with the lifthe above does not work or you use ompleted request form to your desktop. You may also print the completed for	e a web-based email service provid b, attach it to an email, and send the	ler such as Yahoo or Gmail, p	blease save the hockey.net.
Ibmit button. An email will open with the lift the above does not work or you use	e a web-based email service provid b, attach it to an email, and send the	ler such as Yahoo or Gmail, p	hockey.net.