



APPLICATION FOR HOCKEY TOURNAMENT SANCTIONING

TOURNAMENT

Tournament Name: _____ Number of Teams: _____

Start Date: _____ End Date: _____

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

PRIMARY CONTACT

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ Alternate Phone: _____

Prov: _____ Postal Code: _____

SECONDARY CONTACT (if applicable)

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

TOURNAMENT AFFILIATION FEE (Check Applicable box)

2- 23 TEAMS \$225.00 24 – 27 TEAMS \$450.00 48 + TEAMS \$950.00

PAYMENT METHOD: Cheque/Money Order enclosed (payable to iPlayHockey) PAYMENT AMOUNT _____
 Payment via Online Banking
 VISA MC CARD # _____ Expiry Date _____
Card Holder (PLEASE PRINT) _____ Signature (AUTHORIZATION) _____



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