



SLMHA

BOX 9089

SYLVAN LAKE, ALBERTA

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(403)887-2159

<http://sylvanlakeminorhockey.com/>

LETTER OF PERMISSION

THIS FORM IS INTENDED FOR TRACKING PLAYERS ATTENDING AND PARTICIPATING IN UNSANCTIONED HOCKEY ALBERTA EVENTS. THIS FORM DOES NOT GIVE PERMISSION TO TRY OUT. MUST BE COMPLETED 10 BUSINESS DAYS IN ADVANCE OF EVENT.

DIVISION(circle one): Initiation Novice Atom Pee Wee Bantam Midget

Team Name: _____

Manager/Head Coach Applicant: _____

Manager/Head Coach Signature: _____

Event Information:

Group Hosting Event: _____

Type of Event: _____

Dates(dd/mm/yy): Start: _____ Finish : _____

Location: _____

Permission:

Sylvan Lake Minor Hockey

SLMHA Director Name: _____

We, hereby, grant permission for the above named team to attend and participate in the event outlined above. It is understood by all parties that the above named team will follow SLMHA Code of Conduct, and SLMHA By-Laws.

SLMHA Director Signature: _____