



## 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 – 47 TEAMS \$450.00       48 + TEAMS \$950.00

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> E-transfer to payments@iplayhockey.ca	
	<input type="checkbox"/> Payment via Online Banking	Expiry Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC   CARD # _____	
Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____	

**Each participant, or in the case of a minor, each parent/guardian of a participant, acknowledges that participation in the iPlayHockey team/league entails inherent risks of physical injury and that participation is voluntarily. The participant, or the participants parent/guardian, assumes full responsibility for any risks of loss, property damage or personal injury that may be sustained as a result of participating in the iPlayHockey team/league.**



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