



# Aurora Minor Hockey Association

P. O. Box 71555. Aurora, Ontario, L4G 6S9

Phone: (905) 727-1480

Email: [amhaoperations@on.aibn.com](mailto:amhaoperations@on.aibn.com)

Fax: (905) 727-3812

Website: [www.auroraminorhockey.com](http://www.auroraminorhockey.com)

## HL TOURNAMENT TRAVEL PERMIT

AMHA Team - Division/Category: \_\_\_\_\_

Tournament Division: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Tournament Date: \_\_\_\_\_

Centre Hosting Tournament: \_\_\_\_\_

Tournament Sanction Number: \_\_\_\_\_

This Tournament is NON-CONTACT (Yes / No)

OMHA  Alliance\*  NOHA\*

GTHL\*  ODMHA\*  Other\*

**\* All Tournament games outside the OMHA require an OMHA Travel Permit. Refer to the OMHA web site for online OMHA forms.**

I, the undersigned, as Coach/Manager of the team listed above, request permission to attend the above noted tournament. I am fully aware of the rules of the OMHA and the Aurora Minor Hockey Association regarding tournaments and agree to abide by all rules and conditions as they apply.

Coach/Manager Name (Please Print): \_\_\_\_\_

Coach/Manager Signature: \_\_\_\_\_

This form, when signed below, grants permission from the Aurora Minor Hockey Association for the above mentioned team to participate in the Tournament specified.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

AMHA 2nd VP-HL: \_\_\_\_\_