

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

Phone: (905) 727-1480 Email: aurorahockey@on.aibn.com Fax: (905) 727-3812 Website: www.auroraminorhockey.com

EXHIBITION GAME PERMIT

AMHA Team - Divisi	on/Category:				
Opposing Team:			2		
Exhibition Game Da	:e:				
Exhibition Game Lo	cation:				
OMHA Allia	ance *	NOHA *			
GTHL* OD	MHA *	Other *			
* All Tournament game. OMHA web site for onlin		MHA require a	an OMHA Trav	el Permit. R	efer to the
I, the undersigned, as Coa above noted Exhibition Ga Hockey Association regard they apply.	me. I am fully av	vare of the rul	es of the OMHA	and the Au	ırora Minor
Coach/Manager Name	e (Please Print):			
Coach/Manager Signa	iture:				
This form, when signed be the above mentioned team					ociation for
Approved by:		7	Dat	e:	
AMHA Position:					