



Aurora Minor Hockey Association

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REP TOURNAMENT TRAVEL PERMIT

AMHA Team - Division/Category: _____

Tournament Division: _____

Tournament Name: _____

Tournament Date: _____

Tournament Sanction Number: _____

Centre Hosting Tournament: _____

OMHA	<input type="checkbox"/>	Alliance*	<input type="checkbox"/>	NOHA*	<input type="checkbox"/>
GTHL*	<input type="checkbox"/>	ODMHA*	<input type="checkbox"/>	Other*	<input type="checkbox"/>

*** 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 1st VP REP: _____

AMHA 3rd VP REP: _____