

NORTH OKANAGAN MINOR HOCKEY ASSOCIATION TOURNAMENT TRAVEL APPLICATION FORM

This form is to be completed by any team who wishes to attend more than 3 tournaments in a season as outlined in the NOMHA policy manual.

Team Contact Name			Date	of Request
Place of Tournament			Date	of Tournament
Division			Cost	of Tournament
Has any funding raising been done? If so towards this tournament			in the	team funds that can be used
Number of tournaments already attended	d this s	eason (includ	ing home)
What was the location of these tourname	ents			
Conflicts with League Schedule	Yes		No	
If yes, list which games and locations:				
Signature of Team Representative:				
Please complete the information above a 30 days prior to the tournament date.	nd sub	mit to	the NO	MHA President, no later than
 Things that will be considered: Amount of travel already this season Impact on league and scheduled game Cost to parents of the team to travel Willingness of parents to travel Level of competition 	es			
Approval Received	_ Yes		No	
NOMHA President Signature				Date