



SANCTION FORM FOR HOST SCHOOLS

Name of Member School: _____

Address of Member School: _____

Name of Coach: _____

Email of Coach: _____ Phone No.: _____

School Staff Advisor: _____ Phone No.: _____

Nature of Competition: Single Game: Tournament: Boys: Girls:

Number of guaranteed games: _____

If the opponent(s) is (are) not a NBIAA member school please answer the following questions:

1. Are any opponents attending from the United States: Yes No
 - a. Are they a member of a high school team associated with the National Federation of State High School Associations (NFHS) ? Yes No If no, please list which teams: _____

2. Is hockey a sanctioned sport by the high school athletic association of that invited province or state?
Yes No If no, please list which teams: _____

- Please complete the following for the **Single Game** specifics:

Date: _____ Time of 1st game: _____

Name of opponent: _____ Province / State: _____

Contact email: _____ Phone No.: _____

- Please complete the following for the **Tournament** specifics:

Start date: _____ End date: _____

Time of 1st match on 1st day: _____ Time of 1st match on 2nd day: _____

Time of 1st match on 3rd day: _____ Time of 1st match on 4th day: _____

Participating Teams:

School	Town/City	Country
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please answer the following questions:

1. How many school days will your student-athletes miss? _____ days.

2. What type of awards will be presented at the tournament? _____

Principal's Digital Signature

Date

Recommendation of Hockey New Brunswick:

I recommend this event be:

SANCTIONED: NOT SANCTIONED:

HNB Signature

Team HCR ID #: _____

Date

Recommendation of the N.B.I.A.A / A.S.I.N.B.

I recommend this event be:

SANCTIONED: NOT SANCTIONED:

NBIAA Executive Director's Signature

Date