



## 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 1<sup>st</sup> game: \_\_\_\_\_

Name of opponent: \_\_\_\_\_ Province / State: \_\_\_\_\_

Contact email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Time of 1<sup>st</sup> match on 1<sup>st</sup> day: \_\_\_\_\_ Time of 1<sup>st</sup> match on 2<sup>nd</sup> day: \_\_\_\_\_

Time of 1<sup>st</sup> match on 3<sup>rd</sup> day: \_\_\_\_\_ Time of 1<sup>st</sup> match on 4<sup>th</sup> 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