



# REQUEST FOR APPROVAL INCOMING IIHF TEAM

25 Brodie Drive, Unit 3, Richmond Hill, Ontario L4B 3K7

Name of Visiting Team: \_\_\_\_\_

Age Division \_\_\_\_\_

IIHF Federation: \_\_\_\_\_

Date(s) in Branch: \_\_\_\_\_

Participating in: Exhibition Game: \_\_\_\_\_

Tournament(s): \_\_\_\_\_

Tour (i.e. Play in  
Other Branches): \_\_\_\_\_

Association Responsible for Hosting Team: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Please include the following with the request:

1. Schedule/Itinerary of Team
2. Proof of Out of Country Medical Coverage for Delegation

## OHF Member Partner Use:

Approved by OHF Member Partner: _____	Date Approved: _____
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## Branch Use:

Sanction Fees (if applicable): _____	Date Paid: _____
Approved by OHF: _____	Date: _____
Approved by HC: _____	Date: _____
Approved by IIHF Federation (attached): _____	Date Received: _____