Ontario Minor Hockey Association
25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7
Tel: 905-780-OMHA (6642) Fax: 905-780-0344
Go to the net at: www.omha.net · E-mail: omha@omha.net

REQUEST FOR APPROVAL
INCOMING IIHF TEAM

Name of Team:_____

Age Division:_____

IIHF Federation:_____

Date in Branch: _____

Participating in: Exhibition Game ☐ Tournament(s) ☐
Tour (i.e. playing in other Branches) ☐

Association Responsible for Hosting Team:_____ _____

Contact:_____

Phone: (____)_____ Fax: (____)_____

Please include with request:

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

Approved by OHF Member Partner: _____

Date: _____

Branch Use:

Sanction Fees (if applicable): _____ Date Paid:_____

Approved by OHF: _____ Date: _____

Approved by CHA: _____ Date: _____

Approved by IIHF Federation (attached): _____

Date Received: _____

Member of: