

NORTH OKANAGAN MINOR HOCKEY ASSOCIATION ADDITIONAL TOURNAMENT 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, how m towards this tournament	uch is in the team funds that can be used
Number of tournaments already attended this se	ason (including home)
What was the location of these tournaments	
Conflicts with League Schedule Yes	No
If yes, list which games and locations:	
Signature of Team Representative:	
Please complete the information above and subm 30 days prior to the tournament date.	nit to the NOMHA President, no later than
 Things that will be considered: Amount of travel already this season Impact on league and scheduled games Cost to parents of the team to travel Willingness of parents to travel Level of competition 	
Approval Received Yes	No
NOMHA President Signature	Date