

SPECIAL EVENTS SANCTION



PLEASE TYPE OR PRINT CLEARLY

	T (Requires approval signature fro	
☐ OFF-ICE SPECIAL EVE	NT (Requires approval signature fr	om District Risk Manager only)
SPONSORING TEAM/ASS	OCIATION:	
ADDRESS OF TEAM/ASSO	CIATION:	
EVENT COORDINATOR:	Name:	
	Address:	
	City:	State:
	Zip Code:	Telephone:
EVENT (name & brief description		
LOCATION OF EVENT:		
DATES OF EVENT (including set-up, practice, tear down):		
associations' prog activity has sanction	rams (subject to the policy) on approval from the District I	ction for registered members, teams, clubs and s coverages and exclusions), provided that the Registrar or District Risk Manager. The Assistant Hockey may also approve such requests when
 Sanctions must be 	specifically obtained for fund is of the public or individuals	raising events and off-ice activities, which involve who are not registered members of USA Hockey.
APPLICATION DEADLIN	E: 14 days prior to event	
An application in writing for Risk Manager at least 14	or a Special Events Sanction days prior to the opening day	must be filed with the District Registrar or District of the event.
SANCTION FEE: \$	(please make checks	
EVENT COORDINATOR S	IGNATURE:	
DISTRICT REGISTRAR SI	GNATURE:	DATE:
DISTRICT RISK MANAGER SIGNATURE:		DATE:
EMAIL:		