



SPECIAL EVENT REQUEST FOR HNS SANCTION

This form must be completed in full and submitted to the HNS Executive Director two (2) weeks prior to the event.

7 Mellor Avenue Unit 17 Dartmouth, NS B3B 0E8
(O) 902.454.9400 (F) 902.454.3883 Email: sholman@hockeynovascotia.ca

Requesting Association/Team: _____

Address: _____ Postal Code: _____

Contact Person: _____ Position with Association/Team: _____

Phone: _____ Email: _____

Type of function: _____

Date(s) and times(s) of function: _____

Location of function: _____

Address: _____ Postal Code: _____

Certificate of Insurance requested by: _____

Contact person: _____ Phone: _____

Minimum liability coverage required by facility: \$_____

Description of event: _____

Association/Team President Signature

Date submitted

- A copy of the facility contract must accompany this request
- Attach additional information if required

I acknowledge that I have read and understood the HNS Event Sanction Policy. I hereby agree to and understand the guidelines as previously stated in the HNS Event Sanction Policy.

HNS Executive Director Use Only

Date received: _____

Date approved: _____ Branch approval: _____

HNS Executive Director

Note: Approval of this form verifies Hockey Canada Insurance Coverage for the specified event(s)/activity.