



# OWHA SANCTION PERMIT

It is mandatory to secure approval to play any team from outside the Province of Ontario, regardless of where the game is played. Approval must also be obtained to play exhibition games against "male" teams. Hockey Canada insurance is only valid when playing sanctioned games against other teams that are under the International Ice Hockey Federation (IIHF) umbrella. No OWHA team will be permitted to play any female Ontario team that is not registered with the OWHA [OWHA Rule One (D)]. Please note: A sanction is not needed for OWHA tournaments as they are already covered under OWHA tournament sanction regulations. **NOTE: Any international games require advance approval from the OWHA of up to one year.**

## PLEASE PRINT

The \_\_\_\_\_ being a team, \_\_\_\_\_  
**OWHA TEAM NAME & CITY** **CATEGORY (e.g. PEEWEE "A")**

OWHA Team ID # \_\_\_\_\_ in \_\_\_\_\_ Region request approval to participate in:

- EXHIBITION GAME       TOURNAMENT (Permit not required for OWHA Sanctioned Tournaments)  
 LEAGUE       OTHER (specify) \_\_\_\_\_

in \_\_\_\_\_ on \_\_\_\_\_  
**CITY & PROVINCE** **DATE (S)**

invitation of \_\_\_\_\_  
**TEAM, LEAGUE OR ASSOCIATION**

Signed: \_\_\_\_\_  
**TEAM CONTACT**

*Please complete the following:*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROV:** \_\_\_\_\_ **POSTAL:** \_\_\_\_\_

**TEL:** H:( ) \_\_\_\_\_ **W:** ( ) \_\_\_\_\_

**FAX** ( ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**(Mandatory field. Must be completed.)**

## PLEASE FORWARD COMPLETED FORM TO:

OWHA, 5155 Spectrum Way, Building #3, Mississauga, Ontario, L4W 5A1  
Tel: (905) 282-9980 Fax: (905) 282-9982 Email: [info@owha.on.ca](mailto:info@owha.on.ca)

[www.owha.on.ca](http://www.owha.on.ca)

OWHA "Request for Sanction" form must be received in the OWHA office in sufficient time (at least 10 days prior to the event) to give sanction to the team. An authorized OWHA Sanction Permit must be received prior to departure for the game.

## OWHA OFFICE USE ONLY

Request Approved     Yes     No    Date: \_\_\_\_\_    Authorized: \_\_\_\_\_