


**ELLIOT LAKE**  
  
**MINOR HOCKEY**

**REQUEST TO PARTICIPATE IN EXHIBITION GAME**

***MUST BE FORWARDED AT LEAST 48 HOURS IN ADVANCE OF GAME***

Please submit completed forms to Amanda McKay via e-mail at [am\\_mckay@hotmail.com](mailto:am_mckay@hotmail.com).

**Team Name:** \_\_\_\_\_

**Division/Category:** \_\_\_\_\_

**Team ID #:** \_\_\_\_\_

**Name of Opposing Team:** \_\_\_\_\_

**Division/Category:** \_\_\_\_\_

**Arena/Location of Game:** \_\_\_\_\_

**Date & Time of Game:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

The **Home Team** must request permission and receive approval before the game is played. Failure to do so will **VOID** insurance.