



Exhibition Game Request

Please use this form for all home and away exhibition game requests.

TEAM CONTACT NAME: _____

TEAM CONTACT EMAIL: _____

TEAM CONTACT PHONE: _____

TEAM NAME: _____

DIVISION (e.g. U13): _____

CATEGORY (e.g. AA, H/L): _____

OPPOSING TEAM NAME: _____

OPPOSING TEAM DIVISION: _____

OPPOSING TEAM CATEGORY: _____

GAME DATE (dd-mm-yyyy): _____

LENGTH OF GAME (hours): _____

LOCATION: _____

Email completed form to permits@saultmajorhockey.ca