Today's date	e:	Submit t	o: <u>schedule@</u>	pgmha.com	a minimum of 21 days	prior to event	
Team (e.g. U13-H2-3 / U15 Capitals):			Team HCR ID:				
Team contact person:			Position on team:				
Contact email:			Contact phone:				
Requesting permission to travel on dates (all travel days):							
To attend: Tournament Exhibition Game League Game							
Tournamen	t Sanction N	umber	<b>or</b> Exhibition Game Number				
			Address:				
Contact email: Other teams at event:							
This team will be missing the following ice time(s), list <i>every</i> ice time missed currently in your schedule:							
1	Date	Rink		Times	Game/Practice	Opponent	
2							
3							
4							
5							
Only players and coaching staff from your official HCR are approved to travel with this team.							
Names of Players attending from your HCR Roster (identify Goalies with G):							
1	runics	or rayers attendin	10	Ten noster (	Tuentiny Counces With C	<u>j.                                      </u>	
2			11				
3			12				
4			13				
5			14				
6			15				
7			16				
8			17				
9			18				
List Team Staff attending from your HCR Roster:							
HC List Team Starr attending from your HCR Roster:							
AC	1						
AC							
AC	-						
AC	+						
HCSP							
Manager							

<sup>\*</sup> If you are applying for **Recreational Player Relief** that is a separate process

<sup>\*</sup> Paper gamesheets must be turned into the PGMHA office within 2 days of your return