Today's date:	Submi	it to: technology@pgmha.	com minimum of 21 day	s prior to event	
Team (e.g. U1	3-H2-3 / U15 Capitals):	Team	Team HCR ID:		
Team contact	person:	Position on team:			
Contact email	l:	Contact phone:			
Requesting pe	ermission to travel on date	es (all travel days):			
To attend:	Tournament Exhi	bition Game League G	ame		
Tournament Sanction Number or Exhibition Game Number					
Host Association: Host email:					
		ce time(s), list every ice tin		ur schedule:	
Date	Rink	Times	Game/Practice	Opponent	
1				•••	
2					
3					
4					
5					
Only players a	and coaching staff from you	ur official HCR are approved	to travel with this team.		
	Names of Players attend	ding from your HCR Roster	(identify Goalies with G	<u> </u>	
1		11	<u>, , , , , , , , , , , , , , , , , , , </u>		
2		12			
3		13			
4		14			
5		15			
6		16			
7		17			
8		18			
9		19			
10		20			
	List Team	Staff attending from your	HCR Roster:		
HC					
AC					
AC		_			
AC					
AC					
HCSP					
Manager					

^{*} If you are applying for **Recreational Player Relief** that is a separate process

^{*} Paper gamesheets must be turned into the PGMHA office within 2 days of your return