



# ALLIANCE HOCKEY

## Final Tournament Report & Payment Form

<b>Date:</b>	<b>Form to be submitted within 30 days following completion of tournament</b>	<b>For Office Use: PERMIT #</b>
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**Name of Centre/Association:**

Tournament Contact Person	Telephone Numbers
Name	Home
Address	Business
City	Fax
Postal Code	Signature
Website:	Email:

**Centre/Association Authorization Signatures:**

_____ Signature - President	NOTE: Upon applying for a sanction permit, centres/associations agree to abide by and enforce ALLIANCE Tournament Regulations. Please refer to the ALLIANCE Manual of Operations for these regulations. All permits are issued upon this condition.
_____ Signature - Secretary	

**Tournament Information**

Dates:	Type(Open or Invitational):
Name of Tournament:	
Location:	Tournament Entry Fee:

**Divisions and Categories: (Please indicate by completing the following table)**

DIVISION (Novice, Minor Atom, etc.)	House League Tournament				Rep Tournament			
	Indicate (S) if a Select Tournament	Total # of games to be played	Sanction Fee per game	Sub Total	Category AAA, AA etc	Total # of games to be played	Sanction Fee per game	Sub Total
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			\$3.00				\$4.00	
			<b>TOTAL</b>	<b>(A)</b>			<b>TOTAL</b>	<b>(B)</b>

ALLIANCE Tournament Fee (\$50.00):	\$	
Number of out of branch teams x \$10: (outside of the OHF)	\$	
International Tournament Fee (\$100.00):	\$	
Number of international teams x \$50 (incl. USA)	\$	
Total (A) from above:	\$	
Total (B) from above:	4	
<b>TOTAL SANCTION FEES:</b>	\$	
<b>TOTAL SANCTION FEES PAID TO DATE:</b>	\$	
<b>TOTAL SANCTION FEES OWING:</b>	\$	

How many teams from outside of the **ALLIANCE** were involved?  
 GTHL \_\_\_\_ OMHA \_\_\_\_ NOHA \_\_\_\_ OWHA \_\_\_\_

How many teams from outside of the **OHE** were involved?  
 i.e. ODMHA \_\_\_\_

How many teams from outside of Canada (International) were involved? \_\_\_\_

<b>ALLIANCE OFFICE USE ONLY:</b>	
CHECKLIST RECEIVED?	SUSPENSION REPORT RECEIVED?
FINAL REPORT RECEIVED?	DATE:
Preliminary Invoice #	Date Paid:
Final Reconciliation Invoice #	Date Paid: