

Application Form for Approved Competitions

Competition Information:

Tournament/Event title: _____

Dates: _____

Venue: _____ City/Country: _____

Participating teams: _____

Tentative schedule:

Competition Organizer:

Name: _____

Address: _____

Contact person & position: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

The organizer certifies to adhere to the World Para Ice Hockey Rules and Regulations.

Please send the completed form no later than 3 weeks prior to start of the tournament to info@WorldParaIceHockey.org.

