



Tisdale Minor Hockey Association

Box 2562

Tisdale, SK, S0E 1T0

www.tisdaleminorhockey.com

Letter of Permission Application

(required for playing with a carded/provincial team different from league team)

PLEASE PRINT-----Please allow minimum 24 hours' notice for return of form

Name of Player: _____ Players DOB: _____

Address: _____

Current league division/team name: _____

Parent/Guardian: _____

Phone: _____ Cell: _____ Fax: _____

Email address: _____

Must be printed clearly in order to return form

Date of application: _____

Parent/Guardian (print): _____ Signature: _____

Team Coach: _____ Coach Signature: _____

Team Location: _____

Email completed form for final signature to: tisdaleminorhockey@gmail.com TMHA

President/Vice President: _____ Signature: _____

Special Conditions:

Please note:

It is recommended that parents keep a copy of this for their records before passing it on.