September 27, 2022

To Whom It May Concern:

On behalf of the Semiahmoo Ravens Hockey (Semiahmoo Minor Hockey Association), I grant permission for Semiahmoo Ravens (delete this text and enter team name, IE: U13 A1) to enter into the following tournament:

|  |  |
| --- | --- |
| Tournament Name | Click here to enter tournament name |
| Location | Click here to enter tournament city, province/state |
| Dates | Click here to enter tournament month/days/year |
| Arena | Click here to enter tournament arena(s). |
| Tournament Coordinator  | Click here to enter tournament coordinator name. |
| Tournament Contact Info |  Click here to enter tournament coordinator email & phone # |
| Tournament Sanction # | Click here to enter the tournament sanction # |
| Team Manager Name | Click here to enter your name |
| Team Manager Contact Info | Click here to enter your email & phone # |

If you require any additional information, or have any further questions, please do not hesitate to contact the undersigned at 604-385-1842.

Sincerely,

