September 13, 2018

To Whom It May Concern:

On behalf of the Semiahmoo Minor Hockey Association, I grant permission for SMHA Click here to enter DIVISION/TEAM.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 dates. |
| Arena: | Click here to enter tournament arena(s). |
| Tournament Coordinator:  | Click here to enter tournament coordinator name. |
| Tournament Contact: | Click here to enter tournament coordinator email. |
| Tournament Sanction No.: | Click here to enter tournament sanction number. |
| Team Manager’s Name:  | Click here to enter your Team Manager’s name. |
| Team Manager’s Em/Ph: | Click here to enter Team Manager’s email/phone. |
| SMHA Tourney No.: |  |

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

Sincerely,

Andrew Grieve | President

SEMI Hockey | president@semihockey.ca