

# ARIZONA AMATEUR HOCKEY ASSOCIATION



## TRAVEL PERMIT 2020 -2021 SEASON

### TEAM INFORMATION

Organization Name: \_\_\_\_\_ Team: \_\_\_\_\_

UAHA Level of Play:  Tier I  Tier II  Travel

USA Hockey Age Division:  10U  12U  14U  15  16U  18U

Association/Team Representative: \_\_\_\_\_

Representative Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### TOURNAMENT GAME INFORMATION

Tournament/Game(s) Date: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Tournament/Game(s) Name: \_\_\_\_\_

Tournament Stated Level of Play:  Tier I  Tier II  AAA  AA  A  B

Location (City and State): \_\_\_\_\_

Tournament URL: \_\_\_\_\_

Tournament COVID-19 Policy Verification  Yes  No URL: \_\_\_\_\_

Tournament Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### ORGANIZATION CERTIFICATION

The \_\_\_\_\_ hereby certify to the following:

1. The tournament or game level of play is consistent with AAHA policies and procedures in affect at the time of this application.
2. An official team roster approved by the AAHA Registrar.

3. The Tournament/Association has adopted policies and procedures addressing player, coach, other attendees safety related to COVID-19 and to the best of my knowledge, the polices and procedures are consistent with the State and Local jurisdiction Regulations and guidelines for the location of the Tournament; or when the event is not a tournament, the local Affiliate/Association/Team has adopted policies and procedures addressing player, coach, other attendees safety related to COVID-19 and to the best of my knowledge, the policies and procedures are consistent with the State and Local jurisdiction Regulations and Guidelines for the location of the game.
4. The \_\_\_\_\_ has read, understands, and will follow the Tournament/Affiliate/State/Local policies, procedures, and guidelines.

**Applicant Certification:**

As the designated representative of \_\_\_\_\_, I certify to the above stipulations and requirements:

\_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL**

This Travel Permit Form is not transferable and sanctions the referenced Tournament/Games and travel from \_\_\_\_\_ to \_\_\_\_\_ 20  only. The Association/Team Representative is authorized to reproduce photographic copies of this Travel Permit as necessary.

Date: \_\_\_\_\_

\_\_\_\_\_

Tim Reckell  
Arizona Amateur Hockey Association  
President