



APPLICATION FORM



FEMALE AAA PROVINCIAL HOSTING APPLICATION

Peewee Female Provincials – Open to All Associations

Applications must be received at the HNL Branch Office by October 3, 2015 by fax at 709-489-2273, email: office@hockeynl.ca or by mail: P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4

Minor Hockey Association: _____

President: _____

Address: _____

Town: _____ **Postal Code:** _____

Tournament Chairperson: _____

Telephone #: Home: _____ **Work:** _____ **Cell:** _____

Fax#: _____ **Email:** _____

President: _____

Please Print

Signature

Female Zone Coordinator:

Please Print

Signature

Division to Host: _____

Please fill in the following pertinent information for Selection Committee review:

FACILITIES:

Arena(s) to be used:	Arena Name	Arena Capacity
1.	_____	_____
2.	_____	_____
3.	_____	_____

How many adequate dressing rooms equipped with heaters, washrooms and showers are available in each Arena? (Minimum of 4 required) _____

Does the facility have a Canteen? Yes No

Can Guidelines be met regarding the ice time schedule and dates?

Yes No

If answer is no, please explain.

ACCOMMODATIONS:

Please list accommodations providing # of rooms and distance from arenas

1. _____
2. _____
3. _____

Has your committee checked with these facilities for availability for the time of the event? Yes No

Does your community have adequate eating establishments to handle this event? Yes No

If answer is no, please explain.

HOST ASSOCIATION

Does your community provide?

Media Coverage; Local	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Free Parking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provincial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arena Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police Services; Local	Yes <input type="checkbox"/>	No <input type="checkbox"/>	RCMP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor Officials; Timekeepers	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Official Scorers	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Goal Judges	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Will your community club/association provide the following:

Hospitality Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Some sort of Souvenir	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Player of the Game Awards	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Do you have the ability to secure local sponsorship? (Please note any sponsorship you receive must not conflict with the title sponsor)

Yes No

Will there be programs sold? Yes No

Does your host committee have exclusive rights to sell programs and other materials? Yes No

ON ICE OFFICIALS:

Total number of officials in your system: _____

Number of referees certified level 3 and above: _____

Name of Referee-in-Chief: _____

Telephone #: _____

NOTE: It is the Host Association's responsibility to cover the expenses of the Officials if they are required to be brought in.

OTHER HOST COMMITTEE GUARANTEES

Please outline any other activities, events or special offers/opportunities, which are not covered above.