

**SCARBOROUGH HOCKEY ASSOCIATION**  
**AFFILIATED WITH THE GREATER TORONTO HOCKEY LEAGUE**

**PERMISSION TO PLAY AN EXHIBITION GAME OR TOURNAMENT**  
**AFFILIATED CLUBS ONLY**

**SCARBOROUGH ASSOCIATION** \_\_\_\_\_

**SCARBOROUGH TEAM NAME** \_\_\_\_\_

**SERIES (AGE GROUP)** \_\_\_\_\_

**SCAR. COACHES NAME** \_\_\_\_\_

**OTHER TEAM** \_\_\_\_\_

**SERIES (AGE GROUP )** \_\_\_\_\_

**DATE OF GAME** \_\_\_\_\_ **TIME OF GAME** \_\_\_\_\_

**OTHER TEAMS CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**PERMISSION GRANTED (Your Association President )** \_\_\_\_\_

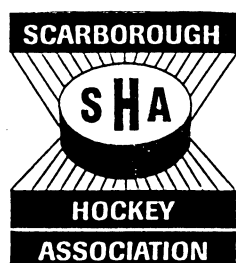
**PERMISSION GRANTED ( S.H.A. President )** \_\_\_\_\_

**G.T.H.L. APPROVAL ( Where Applicable)** \_\_\_\_\_

**DATE :** \_\_\_\_\_

**(FOURTEEN (14) DAYS PRIOR TO GAME**

**\*\* REMEMBER THAT YOU MUST HAVE APPROVED REFEREES' FOR THE GAME AND FILL IN  
A PROPER GAME SHEET, SIGNED BY THE REFEREE AND RETURNED TO THE S.H.A. AT  
MANAGERS' OFFICE :**



**MID - SCARBOROUGH ARENA**  
**2467 EGLINTON AVE. EAST**  
**SCARBOROUGH, ONTARIO. M1K 2R1**

**WITHIN 48 HOURS OF THE GAME**