



# ATHLETE APPEARANCE REQUEST FORM-

Please email the completed form to [hcrequest@hockeycanada.ca](mailto:hcrequest@hockeycanada.ca)

Requests should be received at least 30 days in advance of the event to leave enough time for distribution/responses.

Submission of this form does not guarantee that an athlete will be attend.

\* It is the athlete's responsibility to respond to the request directly, Hockey Canada does not confirm or deny any appearance requests.

TODAYS DATE			
YOUR NAME	PHONE	FAX	
YOUR EMAIL			
COMPANY/ ORGANIZATION NAME			

## 1. ATHLETE(S) REQUESTED

ATHLETE 1	ATHLETE 2	ATHLETE 3	ATHLETE 4

<b>DROP-DEAD DATE FOR ATHLETE CONFIRMATION:</b>	
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## 2. EVENT DETAILS

DATE	TIME	DATE	TIME

## 3. EVENT LOCATION

EXACT LOCATION	
EVENT STREET ADDRESS	
EVENT PHONE NUMBER(S) (INCLUDING AREA CODE)	

## 4. APPEARANCE FEE & EXPENSES (SELECT YES OR NO) COMPLETE DETAILS REQUIRED

	YES	NO	IF YES:
APPEARANCE FEE			amount
TRAVEL PROVIDED			details required
ACCOMMODATION PROVIDED			where, # of nights
PER DIEM* PROVIDED			amount

\*Expenses may include meals and incidentals.

<b>DESCRIBE THE EVENT IN COMPLETE DETAIL:</b>
<b>DESCRIBE EXACTLY WHAT WILL BE REQUIRED OF THE ATHLETE:</b>
<b>ARE OTHER ATHLETES INVOLVED WITH THIS EVENT? YES NO</b>
NAME (S)
<b>SPECIFIC DIRECTIONS TO EVENT:</b>

**CLEAR**