



ATHLETE APPEARANCE REQUEST FORM-

Please email the completed form to 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

DROP-DEAD DATE FOR ATHLETE CONFIRMATION:	
---	--

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.

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

CLEAR