



ATHLETE APPEARANCE REQUEST FORM

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 | |
| 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 | |

| | | | |
|------|--|------|--|
| 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