



# Outbound Application for International Competition

(Excluding Canada or Canadian Teams)

If competition is **outside** the United States, complete this section (in detail) and send to your District Registrar for approval.

**USA Hockey Member Team:** \_\_\_\_\_

**Date Applied:** \_\_\_\_\_

(Must provide a copy of official team roster with this form)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Age Classification:** \_\_\_\_\_

**Date USAH Team Will Depart the U.S.** \_\_\_\_\_

**Date USAH Team Will Return to the U.S.** \_\_\_\_\_

**List International team(s) or name of tournament(s) that your team will be participating in competition with:**

Team Name and/or Tournament Name	City, Country	Competition Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

USA Hockey insurance coverage is in place when travelling abroad, provided this Application for International Competition is properly completed and processed. Claims for any injuries that occur need to be reported promptly upon returning to the United States; our claims reporting agency may be contacted at 800-237-2917.

All international matches are played under the jurisdiction of the IIHF and the federation of the host country. Only the USA Hockey international department is authorized to approve international matches with foreign federations. Per IIHF regulations, no team(s) shall be permitted to deal directly with the ice hockey federation of another country, until both federations involved have approved the games. International Competition Forms must be submitted to, and approval received from the District Registrar, USA Hockey international department, and participating federations (in that order).

**Fees for games outside the USA (other than Canada) are as follows:** Teams and/or Associations that have been members of USA Hockey for at least two years, shall remit the fee of \$150 (\$100 if submitted 90 days or more before the first game). Teams and/or Associations that are not members of USA Hockey or have been members for less than two years shall remit the fee of \$250 (\$200 if submitted 90 days or more before the first game). Please make check payable to USA.

A check in the amount of \$\_\_\_\_\_ is enclosed.

**Application submitted by:** Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## For Office Use Only:

Approved by District Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

**USA Hockey, Inc.**

ATTN: Transfer Department

1775 Bob Johnson Drive, Colorado Springs, CO 80906

Phone: 719-538-1516 Email: [transfers@usahockey.org](mailto:transfers@usahockey.org)