



THE AMERICAN SPECIAL HOCKEY ASSOCIATION
37 KENILWORTH ROAD ~ BINGHAMTON, NEW YORK 13903 ~ (607) 765-4529

2024/2025 EVENT SANCTIONING REQUEST

This form is required for all special events & festivals

EVENT NAME:

Team Name

Mailing Address	City	State Zip
Team Manager	Team Manager Contact	Team Manager Email
Head Coach	Head Coach Contact	Head Coach Email
Event Rink Name	Event Rink Contact Name	Event Rink Contact Email
Event Rink Location Address	Event City	Event State Zip

EVENT INFORMATION

Event Coordinator Name	Event Coordinator Contact Phone
Event Coordinator Email	# of Teams Expected
Will this Event host a party or Off-Ice Event. (If Yes, how many people are expected to attend)	If Insurance is required for Off Ice Location, please note location name, address, dates & times
Game Types <input type="checkbox"/> A Level Games <input type="checkbox"/> B Level Games <input type="checkbox"/> C Level Game	Will your team require a fee to participate? If so, how much _____ <div style="background-color: #ffe6e6; padding: 5px; margin-top: 10px;">If you have any questions regarding the game format and your event, please contact ASHA. "Mixed Bench" Games are accepted for smaller events, with a written risk management plan and agreement of all participating parties</div>

Hotels/Accommodation Information

If this is an invitational event: Please list expected teams.

By signing this request, you agree to abide by all Locker Room Rules, Codes of Conduct, and agree to submit verified rosters 7 days in advance of event start.

Team Manager/ Head Coach Signature _____