

**HOCKEY NEW BRUNSWICK**  
**SPECIAL EVENT – REQUEST FOR HNB SANCTION**  
THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO THE HNB EXECUTIVE DIRECTOR  
MINIMUM TWO (2) WEEKS PRIOR TO EVENT:  
P.O. BOX 456, FREDERICTON, NB, E3B 4Z9  
Phone: (506) 453-0089, Fax: (506) 453-0868

*A copy of the facility contract must accompany this*

Requesting Association/Team: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position with Association/Team: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of function: \_\_\_\_\_

Date(s) and Time(s) of function: \_\_\_\_\_

Location of function: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Certificate of Insurance to be sent to: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount of liability coverage required by facility: \$ \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Association/Team President

\_\_\_\_\_  
Date Submitted

*I acknowledge that I have read and understood the HNB sanctioning guidelines. I hereby agree to and understand the guidelines as previously stated in the HNB sanctioning guidelines.*

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**HNB Executive Director Use Only**

**Date received:** \_\_\_\_\_

**Date submitted to insurance company:** \_\_\_\_\_

**Date approved:** \_\_\_\_\_ **Branch approval:** \_\_\_\_\_

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