



# SANCTIONED EVENT APPLICATION

I, \_\_\_\_\_ (Name), on behalf of \_\_\_\_\_ (Association) respectfully request that the event indicated below to be held from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date) be sanctioned by Ringette Nova Scotia. I understand that the Ringette Nova Scotia's Fair Play Philosophy and Codes of Conduct are in effect at all sanctioned events and that action may be taken by Ringette Nova Scotia in the event of inappropriate actions, whether on or off the ice, by any RNS volunteer, coaches, players, or their chaperones.

**PLEASE FILL IN ALL OF THE INFORMATION BELOW**

HOST ASSOCIATION:	
CONTACT PERSON FOR EVENT/PROGRAM/TOURNAMENT:	
EMAIL ADDRESS:	
PHONE (H):	(W): (C):
NAME OF EVENT AND/OR TOURNAMENT:	
EVENT DESCRIPTION AND PURPOSE (ATTACH PAGE IF MORE SPACE IS REQUIRED):	
LOCATION:	
INSTRUCTORS/PROGRAM LEADERS (IF APPLICABLE):	
ANTICIPATED NUMBER OF PARTICIPANTS:	
AGE/DIVISION OF PARTICIPANTS:	
EVENT SPONSORS (IF ANY):	
CONTACT PERSON DURING EVENT:	CELL PHONE NUMBER:
WILL THERE BE INDIVIDUALS PRESENT AT ALL TIMES THAT ARE TRAINED IN FIRST AID?	
WILL RINGETTE OFFICIALS BE USED DURING THIS PROGRAM/TOURNAMENT?	

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

FOR OFFICE USE ONLY	
_____ Date received	_____ Approved by:

