



## REQUEST TO PARTICIPATE IN EXHIBITION GAME



**MUST BE FORWARDED TO YOUR ASSOCIATION AT LEAST 48 HOURS IN ADVANCE OF GAME FOR APPROVAL.**

TEAM NAME: \_\_\_\_\_

DIVISION/CATEGORY: \_\_\_\_\_

NAME OF TEAM YOU ARE PLAYING: \_\_\_\_\_

DIVISION/CATEGORY: \_\_\_\_\_

ARENA/LOCATION OF GAME: \_\_\_\_\_

DATE & TIME OF GAME: \_\_\_\_\_

TEAM CONTACT – NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**THE HOME TEAM MUST REQUEST PERMISSION AND RECEIVE APPROVAL BEFORE THE GAME IS PLAYED. FAILURE TO DO SO WILL VOID INSURANCE.**