



EXHIBITION GAME FORM

40 Enman Crescent, Suite 209, Charlottetown PE C1E 1E6
 Ph: (902)368-4334 // Email: info@hockeypei.com

Home Team Name: _____ League: _____ Category: _____

Date of Game: _____ Location: _____ Versus: _____

HOME TEAM ROSTER:

Player's Name		DOB	Position Please Identify Goaltender
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

HOME TEAM OFFICIALS

Name		Position
1		
2		
3		
4		
5		

Please Note:

- This form must be submitted to the Hockey PEI office (info@hockeypei.com) and approved prior to commencement of any Exhibition Game.
- **Both** team rosters must be submitted in order for the form to be processed.
- Any participating players, who last played outside PEI, must have an inter-branch transfer submitted and approved prior to participating in any game.
- Hockey PEI registered Officials must be used in all sanctioned events.
- FAILURE TO ABIDE BY HOCKEY PEI REGULATIONS MAY RESULT IN SANCTIONS.



EXHIBITION GAME FORM

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 Ph: (902)368-4334 // Email: info@hockeypei.com

Visitor Team Name: _____ League: _____ Category: _____

Date of game: _____ Location: _____ Versus: _____

VISITOR TEAM PLAYER ROSTER:

Player's Name		DOB	Position Please Identify Goaltender
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

VISITOR TEAM OFFICIALS

Name		Position
1		
2		
3		
4		
5		

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FOR OFFICE USE ONLY:

Hockey PEI Authorization: _____ Date Approved: _____