



HNSMC Provincial Hosting Application

MHA Name:	_____	
President:	_____	
Address:	_____	
	Street/PO Box	

	City, Postal Code	
Tournament Chair:	_____	
Phone #:	(902) _____	Fax #: (902) _____
Email:	_____	
Endorsement:	_____	
	Association President Signature	Date
	HNSMC Regional Director Signature	Date

Division and Category to Host: _____

Please fill in the following pertinent information for Selection Committee review:

Facilities

Arena(s) to be used: (1) _____

(2) _____

(3) _____

Specifications:

Does each facility have adequate dressing rooms (minimum 4) that are equipped with heaters, washrooms and showers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If answer is <i>no</i> please explain: _____		
Does facility have a Canteen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can Guidelines be met regarding the ice time schedule and dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If answer is <i>no</i> please explain: _____		

Accommodations

Please list accommodations and distance from arenas:

- (1) _____
- (2) _____
- (3) _____

Are there adequate accommodations in your community for the travelling teams to stay overnight in hotels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is <i>no</i> , are there other accommodations that can be made available to the travelling teams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your committee checked with these facilities for availability for the time of the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your community have adequate eating establishments to handle this event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If answer is <i>no</i> , please explain: _____		

Host Community Club/Association - Responsibilities & Privileges

<i>Will your community club/association provide the following:</i>		
A hospitality room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tournament Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Some sort of a souvenir (t-shirt/hat)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Player of the Game Awards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i>Does your community provide:</i>						
Media Coverage:	Local:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Free Parking:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Provincial:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arena Security:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police Services:	Local:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Timekeepers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	RCMP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Official Scorers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Host Committee Guarantees (Please outline any other activities, events or special offers/opportunities, which are not covered above. *Listed here are the mandatory awards to be presented at all Provincial Championships):

*Minimum Awards: All Star Team (6), Most Valuable Player (1), Best Goalkeeper (1), Best Defenceman (1), Leading Scorer (1).

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- **DUE: December 1st**
- Applications must be received at the HNS office prior to the above mentioned date by fax at (902) 454-3883, email at mfield@hockeynovascotia.ca or by mail: Suite 200, 6300 Lady Hammond Road, Halifax, NS B3K 2R6

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