



# HNSMC Provincial Hosting Application

<b>MHA Name:</b>	_____		
<b>President:</b>	_____		
<b>Address:</b>	_____		
		Street/PO Box	
		City, Postal Code	
<b>Tournament Chair:</b>	_____		
<b>Phone #:</b>	(902)	<b>Fax #:</b>	(902)
<b>Email:</b>	_____		
<b>Endorsement:</b>	_____		
	Association President Signature		Date
	HNSMC Regional Director Signature		Date

**Division and Category to Host:** \_\_\_\_\_

**Date of Hosting:** \_\_\_\_\_

**NOTE: Minor Hockey Provincial Hosts will receive \$1500.00 from Hockey Nova Scotia**

**NOTE: Female Hockey Provincial Hosts will receive \$600 from Hockey Nova Scotia**

**NOTE: All Atom division hosts will involve RBC as the title sponsor for Atom hockey in Nova Scotia**

*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  No

If answer is *no* 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 1<sup>st</sup>**
- Applications must be received by your HNSMC Regional Director or at the HNS office prior to the above mentioned date by fax at (902) 454-3883, email at [mfield@hockeynovascotia.ca](mailto:mfield@hockeynovascotia.ca) or by mail: Unit 17, 7 Mellor Avenue, Dartmouth, NS B3B 0E8

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