



# Inbound Application for International Competition

(Excluding Canada or Canadian Teams)

If competition is **inside** the United States, complete this section (in detail) and send to your District Registrar for approval.

Date Applied: \_\_\_\_\_ Age Classification: \_\_\_\_\_

Tournament Name: \_\_\_\_\_ USAH Sanction #: \_\_\_\_\_

USA Hockey Host Member Team: \_\_\_\_\_ Competition Dates: Starts: \_\_\_\_\_

Host City: \_\_\_\_\_ State: \_\_\_\_\_ Ends: \_\_\_\_\_

List International team(s) that will be participating in competition in the United States:

Team Name	City	Country
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date International Team(s) Will Arrive: \_\_\_\_\_ Date International Team(s) Will Depart: \_\_\_\_\_

All international matches are played under the jurisdiction of the IIHF and the federation of the host country. Only the USA Hockey international department is authorized to approve international matches with foreign federations. Per IIHF regulations, no team(s) shall be permitted to deal directly with the ice hockey federation of another country, until both federations involved have approved the games. International Competition Forms must be submitted to, and approval received from the District Registrar, USA Hockey international department, and participating federations (in that order).

USA Hockey insurance coverage is in place when travelling abroad, provided this Application for International Competition is properly completed and processed. Claims for any injuries that occur, need to be reported promptly to our claims reporting agency, which may be contacted at 800-237-2917, prompt 1.

Fees for games **inside** the USA (other than Canada) are as follows: An approval fee of \$100 per international team is applicable for foreign teams playing games in the USA. Please make check payable to USA Hockey or if paying by credit card, fill out information at the bottom of this form.

A check in the amount of \$ \_\_\_\_\_ is enclosed.

Application submitted by: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV (security) Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Name on Credit Card \_\_\_\_\_ Amount Paid \_\_\_\_\_

**For Office Use Only:**

Approved by District Registrar: \_\_\_\_\_ Date: \_\_\_\_\_