



6300 Lady Hammond Road,
Suite 200, Halifax, NS
B3K 2R6

Phone: (902) 454-9400
Fax: (902) 454-3883
Website: www.hockeynovascotia.ca

HALIFAX REGION WAVIER OF OFFICIAL'S AGREEMENT

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

DATE: _____

HOME TEAM: _____ VISITING TEAM: _____

RINK: _____ TOWN: _____

DIVISION: _____ CATEGORY: _____

HOME COACH: _____

VISITING COACH: _____

We the above named Coach's hereby agree that this game can be played with the following:
Two (2) on Ice Officials

It is understood by signing this agreement that there will be **NO** further recourse after the game is finished.

SIGNED:

Home Coach : _____

Visiting Coach: _____

Witnessed By:

OFFICIAL: _____ REG # : _____

OFFICIAL: _____ REG # : _____

OFFICIAL: _____ REG # : _____

DATED THIS _____ DAY OF _____, 200__.