

EXTRA GYM TIME ATHORIZATION

**No deadline**

Requests must be signed off and submitted by the community director

Community: Choose an item.

Current Age Group of Team: Choose an item.

Current Sex (Select one): Choose an item.

Current Head Coach Last Name: Click or tap here to enter text.

I, Click or tap here to enter text.hereby authorize the above team to request extra gym time over and above the allotment that EMSA North has provided.

I authorize the following:

An Unlimited number of practice times

The following number of extra practices Choose an item.

PLEASE NOTE: All Communities will be invoiced on behalf of the coaches that request. We will NOT invoice a coach directly.

Signature of Authorized Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How to Submit :

Via fax 780.406.0825

Via e-mail: [scheduling@emsanorth.ca](mailto:scheduling@emsanorth.ca)