



Notice of Suspension Form

PO Box 302, 40 Enman Crescent, Charlottetown, PE C1A 7K7
Ph: 902-368-4334 Fax; 902-368-4337

League: _____ Date: _____ Location of Game: _____

Home Team: _____ Visiting Team: _____

Date suspensions begins: _____

Player/Coach Name	No.	Team H/V	Period	Time	Penalty	Rule No.	Games Suspended

Suspension levied under the Minimum Suspension Guideline of Hockey PEI Minor Council.

Minimum suspensions may not be appealed. Additional suspensions may be appealed to the Hockey PEI Appeals Committee according to the Appeal Procedures under Regulation 15 of the Hockey PEI Constitution and Bylaws. A notice of Appeal must be submitted within 24 hours.

League Coordinator: _____ Contact Number: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____