



# ONTARIO WOMEN'S HOCKEY ASSOCIATION SPEAK OUT CARD APPLICATION

Please mail, email or fax this signed application along **with a photocopy of your certification card** obtained through an authorize Hockey Canada clinic

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ PROV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## CLINIC INFORMATION

CLINIC DATE: \_\_\_\_\_ CLINIC LOCATION: \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_

The Clinic was hosted by (check one):

Alliance Hockey

GTHL

HNO

NOHA

ODHA

ODMHA

OHA

OHL

OMHA

Other (detail) \_\_\_\_\_

\_\_\_\_\_  
INSTRUCTOR'S NAME (PRINT)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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