

ONTARIO WOMEN'S HOCKEY ASSOCIATION TRAINER CARD APPLICATION

Please mail, email or fax this signed application along with photocopy of a certification card obtained through an authorized HTCP clinic

NAME:					
ADDRESS:					
CITY / TOWN:]	PROV:	Postal Code:	
EMAIL:					
	SIGNATURE:				
The Trainer named above has successfully completed the following HTCP Clinic:					
o Level I	o Level II	o L	evel III		
CLINIC INFORMATION					
CLINIC DATE:	CLINIC LOCATION:				
INSTRUCTOR'S NAME:					
The Clinic was hosted by (check one):					
o Alliance Hockey o ODMHA o Other (detail)	o OHA	o OHL	o OMHA		
INSTRUCTOR'S NAME (PRINT)					
COMMENTS:					

