



ONTARIO WOMEN'S HOCKEY ASSOCIATION COACH CARD APPLICATION

Please mail, email or fax this signed application along with proof of certification through an authorized Hockey Canada clinic

NAME: _____

ADDRESS: _____

CITY / TOWN: _____ PROV: _____ PC: _____

EMAIL: _____

PHONE: _____ SIGNATURE: _____

The Coach named above has successfully completed the following NCCP Clinic:

IP Coach Level D1 D2

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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