



ONTARIO WOMEN'S HOCKEY ASSOCIATION TRAINER CARD APPLICATION

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

NAME: _____

ADDRESS: _____

CITY / TOWN: _____ PROV: _____ Postal Code: _____

EMAIL: _____

PHONE: _____ SIGNATURE: _____

The Trainer named above has successfully completed the following HTCP Clinic:

Level I

Level II

Level III

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: _____



#3-5155 Spectrum Way, Mississauga, Ontario L4W 5A1

(905) 282-9980 Fax: (905) 282-9982

info@owha.on.ca

www.owha.on.ca