



ÔÒÜVÔÖÖVÔPÄÜÒ ÓWÜÙÒ ÒP VÁŠÖ ÁUÛT

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Team \_\_\_\_\_

Position on Team \_\_\_\_\_

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## Clinic Information

Type \_\_\_\_\_ Level \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Trainer or Coach Only

Location \_\_\_\_\_ Date \_\_\_\_\_

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Receipt and copy of certification must be attached

Submit to WGMHA Treasurer  
Suite 100, RIM Park  
2001 University Avenue East  
Waterloo, Ontario N2K 2K4

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## OFFICE USE ONLY:

Reimbursed \$ \_\_\_\_\_ Cheque # \_\_\_\_\_

Cheque Date \_\_\_\_\_

Remarks: