



# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

