



# ONTARIO WOMEN'S HOCKEY ASSOCIATION COACH CARD APPLICATION

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ PROV: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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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