



ONTARIO WOMEN'S HOCKEY ASSOCIATION SPEAK OUT 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: _____

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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