



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

\_\_\_\_\_

\_\_\_\_\_



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

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

info@owha.on.ca      www.owha.on.ca