



# ONTARIO WOMEN'S HOCKEY ASSOCIATION TRAINER CARD APPLICATION

Please mail, email or fax this complete application **along with a photocopy of your current certification card** obtained through an authorized HTCP clinic

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

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

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

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

The Trainer named above has successfully completed the following HTCP Clinic:

Level I

Level II

Level III

## 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