



ONTARIO WOMEN'S HOCKEY ASSOCIATION SPEAK OUT CARD APPLICATION

Please mail, email or fax this completed application along **with a photocopy of your current certification card** obtained through an authorize 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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