



# ONTARIO WOMEN'S HOCKEY ASSOCIATION TRAINER CARD APPLICATION

**Please mail, email or fax this signed application along with proof of certification through an authorized HTCP clinic**

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

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

CITY / TOWN: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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