

Team Registration for Coaches Form

Team Name _____

Division _____ **Category** _____ **Date** _____

(All Coaches, Assistants, parent helpers, etc. who will be on the bench or ice, must be registered with Hockey Alberta)

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|--|---|---------------|-------------|
| Name | Position | Date of Birth | |
| Address (including legal land if PO Box) | | | Postal Code |
| City | Province | Home Phone | Cell Phone |
| Email | National Coach Certification Programs completed | | |

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