

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)

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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