



OTTAWA DISTRICT HOCKEY ASSOCIATION

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www.odha.com

The following information is collected by the Ottawa & District Hockey Association for its program requirements. **In order to record your involvement onto the Hockey Canada Registry database, all information below must be completed in FULL and PRINTED CLEARLY.** It **WILL NOT** be given to any person or organization considered to be outside the jurisdiction of the ODHA.

COACH STREAM REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____ GENDER: _____

MONTH (ALPHA): _____ DAY: _____ YEAR: _____

MAILING ADDRESS: _____ APT#: _____

CITY: _____ PROVINCE: _____ POSTAL: _____

TELEPHONE: (H) _____ (W) _____

EMAIL ADDRESS: _____

DATE/LOCATION OF CLINIC: Oct. 8-9/10 North Grenville Community Center INSTRUCTOR: _____

HOME ASSOCIATION: _____

IF YOU HAVE PREVIOUSLY TAKEN SPEAK OUT, PLEASE CHECK HERE

PLEASE TEAR OFF YOUR RECEIPT, AS THIS IS PROOF THAT YOU HAVE ATTENDED THIS CLINIC.

RECEIVED FROM _____ \$ _____ /100

CLINIC TYPE/LOCATION/DATE: Coach Stream / Kemptville / October 8,9, 2010

CLINIC ORGANIZERS NAME: Kemptville District Minor Hockey Association

Member of

