



# OTTAWA DISTRICT HOCKEY ASSOCIATION

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[www.odha.com](http://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.

## DEVELOPMENT 1 REGISTRATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

D.O.B. MONTH (ALPHA): \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

HOME ASSOCIATION: \_\_\_\_\_ HOST ASSOCIATION: **Kemptville District Minor Hockey Association**

COACHING ASSOCIATION OF CANADA CERTIFICATION NUMBER #: CC \_\_\_\_\_

DATE/LOCATION OF CLINIC: **Sept. 24-25-26/10 North Grenville Community Center** CLINIC INSTRUCTOR: \_\_\_\_\_

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

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_ /100

(Participant`s Name)

CLINIC TYPE/LOCATION/DATE: **Development 1 / Kemptville/ September 24 – 25 and 26, 2010**

CLINIC ORGANIZERS NAME: **Kemptville District Minor Hockey Association**

Member of

