



# 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.

## SPEAK OUT 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. 16/10 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: Speak Out / Kemptville / October 16, 2010

CLINIC ORGANIZERS NAME: Kemptville District Minor Hockey Association

Member of

