



ONTARIO WOMEN'S HOCKEY ASSOCIATION SPEAK OUT CARD APPLICATION

Please mail, email or fax this completed application **along with a photocopy of your current certification card** obtained through an authorized Hockey Canada clinic. Applications will **NOT** be processed until all documentation has been received.

NAME: _____

ADDRESS: _____

CITY / TOWN: _____ PROV: _____ Postal Code: _____

EMAIL: _____

PHONE: _____ SIGNATURE: _____

CLINIC INFORMATION

CLINIC DATE: _____ CLINIC LOCATION: _____

INSTRUCTOR'S NAME: _____

The Clinic was hosted by (check one):

- ☐ Alliance Hockey ☐ GTHL ☐ HNO ☐ NOHA ☐ HEO
☐ ODMHA ☐ OHA ☐ OHL ☐ OMHA
☐ Other (detail) _____

INSTRUCTOR'S NAME (PRINT)

COMMENTS: _____



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