



# HOCKEY CANADA

## 2007-2008 TEAM OFFICIAL REGISTRATION CERTIFICATE

MALE

FEMALE



SURNAME		GIVEN NAME		YEAR	MONTH	DAY
RESIDENTIAL ADDRESS				DATE OF BIRTH		
CITY		PROVINCE	POSTAL CODE:	<b>FOR BRANCH USE ONLY</b>		
TELEPHONE NO.:				DATE APPROVED		
E-MAIL						
Name of Hockey Team in full;						
Position to be held with team; <b>MANAGER</b> <input type="checkbox"/> <b>COACH</b> <input type="checkbox"/> <b>ASST. COACH</b> <input type="checkbox"/> <b>TRAINER</b> <input type="checkbox"/>						
I registered last with the following Team(s)				Please X if never registered before <input type="checkbox"/>		
YEAR: _____		TEAM: _____		in the _____		Branch/Province
YEAR: _____		TEAM: _____		in the _____		Branch/Province
<b>I have read and agree to the terms with respect to use of personal information</b>						
DATE SIGNED _____		20 _____		Team Official's SIGNATURE _____		
This card is issued at the discretion of the Branch Executive, and is revocable without notice.						
<input type="checkbox"/> CATEGORY _____		Division _____		CARD # _____		

### CERTIFICATION INFORMATION

	COACH	TRAINER	SPEAK OUT
CERTIFICATION/ NUMBER			
LEVEL			
DATE			
EXPIRY DATE			NA