



HOCKEY CANADA

TEAM OFFICIAL REGISTRATION CERTIFICATE

MALE

FEMALE



SURNAME		GIVEN NAME		YEAR	MONTH	DAY
RESIDENTIAL ADDRESS				DATE OF BIRTH		
CITY		PROVINCE	POSTAL CODE:	FOR BRANCH USE ONLY		
TELEPHONE NO.:				DATE APPROVED		
E-MAIL				HOCKEY CANADA BRANCH REGISTRAR		
Name of Hockey Team in full;						
Position to be held with team; MANAGER <input type="checkbox"/> COACH <input type="checkbox"/> ASST. COACH <input type="checkbox"/> TRAINER <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		
I have read and agree to the terms with respect to use of personal information						
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