



**Developmental 1 Clinic - Level 2 Coaching
Registration Form**

September 10th, 11th and September 12th, 2010

Ice Times: Friday : No Ice time
Saturday: Splex 2 @ 10:30 am 2/50 min
Sunday: Splex 1 @ 11 am (50 min) and Splex 1 @ 3:00 pm (50 min)

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Male Female **Coach Stream (Level 1) Certification #** _____

Date of Birth: _____ Month _____ Day _____ Year Age

Association: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: (H) _____ (W) _____ (C) _____

E-Mail Address: _____ ****** IMPORTANT******

Payment of \$ 250.00 ~~~~~ Cheque made out to NMHA

Amy Smith - 9 Woodson Street, Nepean, Ontario K2G 6V8

All spots are taken on a first come first served basis. You can mail or drop the **registration form and cheque** to the address above or at the NMHA hockey office. If you have any questions please email me at: amyandjordan2@hotmail.com

*NEW POLICY **** All coaches in NMHA must pay in advance and will be reimbursed once you have completed all the required information to get their certification. This includes completing your coach workbook including your Speak Out (post task) after the course is completed. You have 90 days to complete this. *****

Developmental 1 (Intermediate level Coaching Course)

This is to confirm that _____ participated in the NMHA Developmental 1 (Intermediate level Coaching Clinic) on: September 10^h, 11th and September 12^h, 2010. The amount of \$ 250.00 was paid to the NMHA.

Amy Smith,
NMHA Technical Director

