



Nepean Minor Hockey Association Trainer 1 Registration Form

Please check the clinic you are registering for:

Session # 1 **Trainer Level 1** **October 22nd, 2011** @ the Nepean Sportsplex Rooms C & D
9 am to 5 pm

Session # 2 **Trainer Level 1** **November 5th, 2011** @ the Nepean Sportsplex Rooms C & D
9 am to 5 pm

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Male Female **Previous Trainer Certification #** _____ Year Completed _____

CPR and First Aid circle one **YES / NO**

Date of Birth: _____ Month _____ Day _____ Year _____ Age

Hockey Association: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

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

E-Mail Address: _____ **important**

Payment of \$ 150.00 made out to N.M.H.A.

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 off the Application form and cheque to the above address or you can send it to the NMHA hockey office.

If you have any questions please email me at: amyandjordan2@hotmail.com

Trainers Clinic

This is to confirm that _____ participated in the NMHA Trainers

Clinic on October 22nd 2011 / November 5th, 2011. The amount of \$ 150.00 was paid to the NMHA.

Amy Smith,
NMHA Technical Director

