



Windsor Minor Hockey Association Coaching Clinic Registration Form

(Please Print)

Name			
Address			
City		Postal Code	
Home Phone		Cell Phone	
Home Phone			
Date of Birth	Month:	Day:	Year:
E Mail Address 1			
E Mail Address 2			
Which Association do you belong to			
What Team/Division are you are doing the clinic for			

Please check the box next to clinic you are signing up for:

<input type="checkbox"/>	(CHIP) Canadian Hockey Initiation Program
<input type="checkbox"/>	Trainer Level One
<input type="checkbox"/>	Trainer Level One Refresher
<input type="checkbox"/>	D1 Coaches Full
<input type="checkbox"/>	D1 Coaches Refresher
<input type="checkbox"/>	Coaches Stream
<input type="checkbox"/>	Other

Date of Clinic: Month _____ Day _____ Year _____

Clinics fill up quickly. To secure your spot, you must mail a cheque with completed form to:

John Lopez
962 Lake Shore Drive
Windsor, Ontario
N9G 2R2
Attention: Director of Clinics

Once payment has been received, you will be called or e-mailed to confirm your spot in the class.
If you have any questions or concerns send an e-mail to: johnalop@gmail.com