Greater Kingston Hockey Association

GKHA Clinic Application Form 2008-2009

Name:_____Home Phone:_____

Address: _____

E-mail:_____Cell Phone:_____

Date of Birth:_____ (required)
Day Month Year

Please indicate which level of hockey you plan to coach or train for the 2008-2009season. (Select all that apply)

❑Initiation Program ❑Novice ❑Atom
❑Peewee ❑Bantam ❑Midget

Please indicate, if you have one, your current OMHA certification number(s) for coaching and/or training.

Coaching Certification #_____Exp Date:_____

Training Certification #_____Exp Date:_____

Please indicate (X) which clinic(s) you are applying for:

❑ **Speak Out (PRS)** (duration 4 hours)
September 8th, 2008 7:00-11:00 (arrive at 6:45)
Location: INVISTA Centre Meeting Room D
Projected Cost: $25.00

Please list any other clinics you would like GKHA to host in the future: _____

_____

This is your application form for the clinic(s) being offered by the GKHA, to be held in Kingston. This form must be filled out completely and returned to Jacqueline Marino by the deposit date listed. You may mail the completed form (+ payment) to my attention at: **1199 Katharine Crescent, Kingston ON K7P3G1. For more information please contact Jacqueline Marino or call 613-384-7957.**

All cheques must be payable to "GKHA". You will not be considered as registered until payment is received. Deposits of $10.00 will not be returned if registrants do not attend clinic(s). Post-dated cheques will not be accepted. There will be a fee for NSF cheques.