



Quad Town Minor Hockey Association 2018-2019 Coach Registration Form

Last Name: _____

First Name: _____

Birthdate: (dd/mm/yr): _____

Hockey Canada No.: _____

Address: _____

Town: _____

Postal Code: _____

Hockey Level Coaching: _____

- Attach a copy of your RCMP Criminal Record Check Letter.
 - Already submitted a Criminal Record Check
- List Below or Attach All Certification Already Obtained:

- Courses you plan on obtaining this season:

** All certification must be obtained by February 1, 2018

Signature: _____

Date: _____