



2024-2025 TEAM OFFICIAL REGISTRATION CERTIFICATE

MALE

FEMALE

Surname	Given Name	YEAR	MONTH	DAY
Residential Address		DATE OF BIRTH		
City	Province	FOR BRANCH USE ONLY		
Telephone No.				
E-MAIL		DATE APPROVED		
Name of Hockey Team in full:				
Position to be held with team:				
<input type="checkbox"/> MANAGER <input type="checkbox"/> COACH <input type="checkbox"/> ASST. COACH <input type="checkbox"/> TRAINER				
		HOCKEY CANADA BRANCH REGISTRAR		
I registered last with the following team(s):		Please X if never registered before <input type="checkbox"/>		
YEAR: _____	TEAM: _____	in the _____ Branch/Province.		
YEAR: _____	TEAM: _____	in the _____ Branch/Province.		
I have read and agree to the terms on this form with respect to use of personal information.				
DATE SIGNED _____	20 _____	TEAM OFFICIALS SIGNATURE _____		
This card is issued at the discretion of the Branch Executive, and is revocable without notice.				