



HOCKEY CANADA

2023-24

TEAM OFFICIAL REGISTRATION CERTIFICATE

MALE

FEMALE

Surname		Given Name		YEAR	MONTH	DAY
Residential Address				DATE OF BIRTH		
City		Province	Postal Code	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.						