



# Windsor Minor Hockey Association

## Coaching Clinic Registration Form

(Please Print CLEARLY)

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

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

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

Date of Clinic: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Clinics fill up quickly. To secure your spot, you must mail a cheque with this 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](mailto:johnalop@gmail.com)

**OFFICE USE ONLY**

Date Received	Entered	Conf. E Mail Date	VM Date	Comments