2009-2010

National Coaching Certification Program
Checking Skills Clinics

TO REGISTER: Please fill in the required information, including credit card details, and fax to Calgary Hockey Development at: 403-777-4550.

CLINIC CONFIRMATION

You will receive an e-mail confirmation, including a list of necessary equipment, once payment has been received and a spot secured for you in the requested clinic. Your clinic registration is not confirmed until you receive an official confirmation by email.

PLEASE NOTE

Registration is on a first come, first served basis and is not confirmed until payment has been received.

ATTENDANCE IS MANDATORY and taken randomly throughout the clinic. Please make arrangements for your team practices, games, photos, etc. as you will not receive certification if any segments are missed.

~NO EXCEPTIONS WILL BE MADE~

CLINIC RECEIPTS

Receipts for registration fees will be distributed at the end of each clinic.

REFUND POLICY

- Clinic registration fees cannot be transferred to the following year.
- Registration and payment may be moved to the next available clinic provided one week prior notice is given. Requests must be sent by email to:info@calgaryhockeydevelopment.com
- No refunds for cancellations will be issued without 1 week prior notice of cancellation. Notice must by provided via email to: info@calgaryhockeydevelopment.com
- Refunds are subject to a $30 administration fee.

FOR INFORMATION ON SPECIFIC CLINIC REQUIREMENTS FOR LEVELS OF COACHING PLEASE VISIT OUR WEBSITE AT
www.calgaryhockeydevelopment.com

1. NAME _____ _____
FIRST LAST

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE: RES _____ BUS _____

CELLULAR _____ FAX _____

DATE OF BIRTH (D/M/Y) _____

EMAIL FOR CLINIC CONFIRMATION _____

HOCKEY ASSOCIATION(S) COACHING IN _____

LEVEL COACHING (EG. ATOM) _____

2. CREDIT CARD TYPE: ☐ VISA or ☐ MASTERCARD

CARD NUMBER _____

EXP. DATE _____ (3 DIGIT CVS CODE ON REVERSE) _____

PLEASE NOTE, CREDIT CARD INFORMATION WILL BE DESTROYED ONCE PAYMENT HAS BEEN PROCESSED.

3.

Checking Skills Clinics **$142.00 (inc. GST)**

☐ **Thursday February 4, 2010 6:00pm – 10:00pm**
Carriage House Inn, 9030 MacLeod Trail S.E. Calgary

TOTAL FEES: **$ _____**

4. **FAX THIS FORM TO CALGARY HOCKEY DEVELOPMENT AT:**
403-777-4550

CALGARY HOCKEY DEVELOPMENT
1729 12TH STREET SW
CALGARY, AB T2T 3N1
403-777-3646