



# HOCKEY MANITOBA CERTIFICATION CLINIC REQUEST FORM

Region/Area Association: Norman      Director/Convenor: John McNevin

Contact Info:      Home: 677-2557      Work: \_\_\_\_\_      Cell: \_\_\_\_\_

Email: [mcnevin@mts.net](mailto:mcnevin@mts.net)

<b><u>Clinic (please check)</u></b> <input type="checkbox"/> Initiation	<input type="checkbox"/> Coach	<input type="checkbox"/> Development 1	<input type="checkbox"/> Safety
Date:	City/Town:	Clinic Location:	
Contact:	Home:	Work:	Cell:
Email:			

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