



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

<u>Clinic (please check)</u> <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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