



**HOCKEY TRAINERS CERTIFICATION PROGRAM
LEVEL III APPLICATION FORM**

CLINIC DATE: August 30, 2009

You must hold a valid HTCP Level 2 or 3 Card to Register

NAME		
ADDRESS		
CITY & POSTAL CODE		
PHONE #	HOME: ()	BUS: ()
E-MAIL ADDRESS		

You must hold a valid HTCP Level II or III card to register

Are you re-certifying your Level III? [] Yes

HTCP CERTIFICATION #		EXPIRY DATE:
ASSOCIATION		

Payment by credit card, certified cheque (payable to the HDCO) or money order

METHOD OF PAYMENT	CREDIT CARD []	CHEQUE/MONEY ORDER (ENCLOSED) []	
CREDIT CARD #			EXPIRY DATE:
PLEASE CHECK ONE	VISA []	MASTERCARD []	AMERICAN EXPRESS []
SIGNATURE			

PLEASE SEND THIS APPLICATION FORM AND PAYMENT OF \$ 175.00 TO:

**HOCKEY DEVELOPMENT CENTRE FOR ONTARIO
3 CONCORDE GATE, SUITE 312
TORONTO, ONTARIO M3C 3N7
OR FAX TO: (416) 426-7348**