



# North London Sports Association

e-mail [admin@northlondonhockey.ca](mailto:admin@northlondonhockey.ca)

[www.northlondonhockey.ca](http://www.northlondonhockey.ca)

## COACHING STAFF APPROVAL

**DIVISION** \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**Circle:** Seeded A MD Select HL

NAME		POSITION			
ADDRESS		CERTIFICATION	COACH	Y	N
CITY			TRAINER	Y	N
			SPEAK OUT	Y	N
POSTAL CODE		DATE OF BIRTH			
HOME PHONE #		EMAIL ADDRESS			

NAME		POSITION			
ADDRESS		CERTIFICATION	COACH	Y	N
CITY			TRAINER	Y	N
			SPEAK OUT	Y	N
POSTAL CODE		DATE OF BIRTH			
HOME PHONE #		EMAIL ADDRESS			

NAME		POSITION			
ADDRESS		CERTIFICATION	COACH	Y	N
CITY			TRAINER	Y	N
			SPEAK OUT	Y	N
POSTAL CODE		DATE OF BIRTH			
HOME PHONE #		EMAIL ADDRESS			

NAME		POSITION			
ADDRESS		CERTIFICATION	COACH	Y	N
CITY			TRAINER	Y	N
			SPEAK OUT	Y	N
POSTAL CODE		DATE OF BIRTH			
HOME PHONE #		EMAIL ADDRESS			

**NOTE: Please return to the Convenor/Director for your Division when complete.**

NAME		POSITION				
ADDRESS		CERTIFICATION	COACH	Y	N	
CITY			TRAINER	Y	N	
			SPEAK OUT	Y	N	
POSTAL CODE		DATE OF BIRTH				
HOME PHONE #		EMAIL ADDRESS				

NAME		POSITION				
ADDRESS		CERTIFICATION	COACH	Y	N	
CITY			TRAINER	Y	N	
			SPEAK OUT	Y	N	
POSTAL CODE		DATE OF BIRTH				
HOME PHONE #		EMAIL ADDRESS				

NAME		POSITION				
ADDRESS		CERTIFICATION	COACH	Y	N	
CITY			TRAINER	Y	N	
			SPEAK OUT	Y	N	
POSTAL CODE		DATE OF BIRTH				
HOME PHONE #		EMAIL ADDRESS				

NAME		POSITION				
ADDRESS		CERTIFICATION	COACH	Y	N	
CITY			TRAINER	Y	N	
			SPEAK OUT	Y	N	
POSTAL CODE		DATE OF BIRTH				
HOME PHONE #		EMAIL ADDRESS				