



# OFFICIATING CLINIC REGISTRATION FORM

NATIONAL OFFICIATING CERTIFICATION PROGRAM

**PERSONAL INFORMATION**

NAME		
DATE OF BIRTH		
HOME ASSOCIATION		
STREET ADDRESS		
CITY		
PROVINCE		
POSTAL CODE		
PHONE NUMBER	(H):	(C):
PRIMARY EMAIL		
PLEASE INDICATE WHAT NOCP CERTIFICATION YOU CURRENTLY HAVE (IF ANY):		
DO YOU HAVE PAST OR CURRENT EXPERIENCE AS A RINGETTE PLAYER? Yes ____ No ____		

**OFFICIATING CLINIC** (PLEASE INDICATE WHICH YOU ARE REGISTERING FOR)

<input type="checkbox"/> NOCP LEVEL 1
<input type="checkbox"/> NOCP LEVEL 2/3 (MUST BE 16 YEARS OF AGE OR OLDER)
<input type="checkbox"/> NOCP LEVEL 4

