

St. Catharines Female Hockey Association  
 P.O.Box 28044, Lakeport Plaza Outlet  
 St. Catharines, ON L2N 7P8  
 Fax: 905-685-4342



## Bench Staff Information Form

SCFHA requires each team staff member to complete this form so we can update our files when we assemble our team rosters.

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ day / month / year

Team:    House League Team                      Chaos Team                      DS Team

Position:    Head Coach      Trainer      Assistant Coach                      Manager                      Team Mom

Team Name: \_\_\_\_\_ eg: Pee wee AA, Fundamentals, Novice 1

Certification	Certification Number	In what year did you attend this clinic?
Coach #		
Trainer #		
Speak Out or Respect in Sport #		

Police Check Does SCFHA have your Police Check on file?

YES

NO