

USA HOCKEY COACHING EDUCATION PROGRAM REPLACEMENT CARD FORM

Please note that this form is to be used to replace your coaching certification card, not your general membership card. Coaching cards are issued at the completion of a USA Hockey Coaching Clinic and are blue in color.

Please fill out the following information and print neatly in ink. The information being asked for is pertinent to finding your record on the database. Information not provided may hinder our ability to find your coaching record.

Social Security #: _____ CEP # (If known): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email address: _____

CEP card number (if known): _____

Clinic(s) Attended:

Location: _____ Level: _____ Year: _____

Location: _____ Level: _____ Year: _____

Location: _____ Level: _____ Year: _____

Location: _____ Level: _____ Year: _____

- Level 1: Initiation
- Level 2: Associate
- Level 3: Intermediate
- Level 4: Advanced
- Level 5: Master

If you have moved since your last clinic,
please provide previous address:

Please send check or money order for \$5.00 made payable to USA Hockey and mail to:

Sarah Ross
USA Hockey
1775 Bob Johnson Drive
Colorado Springs, CO 80906