



## 2011-2012 Coach Hybrid – MHA’s Verification of Post Task Completion

This form must be completed and submitted to the BC Hockey office **by March 31, 2012** for certification in BC Hockey’s Coach Hybrid program (Hockey Canada’s NCCP Coach Stream & Initiation program). **Please retain a copy of the workbook and verification of post task completion for future reference.**

### Coach Information (please complete all fields):

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City / Postal Code: \_\_\_\_\_  
 M.H.A.: \_\_\_\_\_ Division: \_\_\_\_\_  
 Clinic Date (YY/MM/DD): \_\_\_\_\_ Clinic Location: \_\_\_\_\_

### M.H.A. Representative’s Information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tasks Completed	Verification Signature
Completed Parent Meeting	
Completed Yearly Schedule	
Completed 8 Game Logs	
Completed 8 Practice Logs	

• We, the undersigned, declare that \_\_\_\_\_ has completed all of the above required tasks for certification at the Coach Hybrid level.

• M.H.A. Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• **M.H.A. President’s Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Please print name  
 \_\_\_\_\_  
Signature

• Please return this Form **by March 31, 2012** to:

- **Mail** **BC HOCKEY**  
**6671 Oldfield Road**  
**Saanichton, BC V8M 2A1**  
**250.652.2978**
- **Email** [clinics@bchockey.net](mailto:clinics@bchockey.net)
- **Fax** **250-652-4536**

**\*\* PLEASE RETAIN A COPY OF YOUR WORKBOOK AND VERIFICATION FORM FOR FUTURE REFERENCE \*\***