



HOCKEY CANADA INSTRUCTIONAL STREAM CERTIFICATION SEMINAR GOALTENDING COACH - APPLICATION FORM

Winsport / Canada Olympic Park, Calgary, Alberta, June 20 – 24, 2024

Name:			
Address:			
City:	Province:	Postal Code_	
Main Phone #:		mail:	
NCCP – CC#:		HCR #:	
Member (Branch):			
Coaching Certification –	If applicable:		
Development 1: Year Co	mpleted:		
High Performance 1 Cert	ification: Year Complete	d:	
Coaching / Instructing Ex	vneriences:		
Season	Organization/Team	Age Level(s)	Role





List the reasons why you wish to attend the Instructional Stream Certification Goaltending Seminar:				
What are your expectations of the Instructional Stream Certification Goaltending Seminar?				
What will you be able to do with the information and knowledge gained from the Goaltending seminar and experience?				





Please provide the names, addresses and phone numbers of at least two references familiar with your coaching / instruction background.

City:	Province:	
Main Phone #:	Email:	
Reference 2		
Name:		
City:	Province:	
Main Phone #:	Email:	

-Skating & Movement / Glove & Stick Saves / Rebound Control / Vision & Tracking

The video can be sent in via Drop Box, YouTube links, external memory drive / stick or any other method you currently use. There is no specific length of video required but it must be of good quality and significant enough to show your skills on ice in performing and teaching the above skills.

Please return this application prior to end of day on Thursday, February 22, 2024.

Attention: Corey McNabb, Director, Next Gen Development

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