



HOCKEY CANADA INSTRUCTIONAL STREAM CERTIFICATION SEMINAR GOALTENDING COACH - APPLICATION FORM

Winsport / Canada Olympic Park, Calgary, Alberta, June 25 – 28, 2026

Name:					
Address:					
City:	Province:	Postal Code_			
Main Phone #:		Email:			
NCCP – CC#:		HCR #:			
Member (Branch):					
Coaching Certification – If applicable:					
Development 1: Year Completed:					
High Performance 1 Certification: Year Completed:					
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.

Reference 1		
Name:		
City:	Province:	
Main Phone #:	Email:	
Reference 2		
Name:		
City:	Province:	
Main Phone #:	Email:	
(current or past) or association as	u must also enclose a letter of recommendation well as video clips of you on ice working with and clearly demonstrate your on ice coaching	goaltenders The clips

-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 Friday, February 27, 2026.

Attention: Corey McNabb, Director, Next Gen Development

201 – 151 Canada Olympic Road, SW

Calgary, AB, T3B 6B7

cmcnabb@hockeycanada.ca Telephone: 403-777-4593