HCOP CLINIC RECEIPT

CLINIC DATE	CLINIC LOCATION	HEO DISTRICT
DD-MM-YYY	ENTER TOWN/CITY where CLINIC being held.	DIST #

This is to verify the following person attended a Hockey Canada Referee Recertification clinic in the HEO and successfully passed the level attempted.

Name of Participant	
Level	
Fee Paid	

VERIFICATION OF FUNDS & FEES CLINIC LEAD INSTRUCTOR & HEO CLINIC COORDINATOR	LEAD INSTRUCTOR PRINT NAME	Signature
	CLINIC COORDINATOR PRINT NAME	Signature
	Tom Sweeney	*Tom Sweeney*
COMMENTS:		