



Hockey Eastern Ontario

HOCKEY CANADA OFFICIATING PROGRAM Examination Re-Write Form

NAME:

ADDRESS:

CITY/TOWN:

PROV:

PC:

HEO NUMBER:

The Official named above has is eligible to re-write his/her level _____ examination.

CLINIC DATE:

CLINIC LOCATION

INSTRUCTOR'S NAME (PRINT)

SIGNATURE

RE-WRITE DATE:

RE-WRITE LOCATION

INSTRUCTOR'S NAME (PRINT)

SIGNATURE

\$26.75 paid To Hockey Eastern Ontario

Re-Write Mark Obtained _____

COMMENTS: