



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

This Form must be completed and submitted to the BC Hockey office (see below) for certification in BC Hockey’s Coach Hybrid program (Hockey Canada’s Initiation and Coach Stream program). **Please retain 2 copies of this form for your records. Your MHA may require a copy for its records.**

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

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

M.H.A.: \_\_\_\_\_ Division: \_\_\_\_\_

Clinic Date: \_\_\_\_\_ Clinic Location: \_\_\_\_\_

### M.H.A. Representative’s Information (certified Mentor, Coach Coordinator or President):

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	

- I, 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: \_\_\_\_\_
- Please return this Form (completed) to:
  - **Mail** **BC HOCKEY**  
6671 Oldfield Road  
Saanichton, BC V8M 2A1  
250.652.2978
  - **Email (scanning)** [clinics@bchockey.net](mailto:clinics@bchockey.net)

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