



**OTTAWA DISTRICT HOCKEY ASSOCIATION  
OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION  
OFFICIATING PROGRAM**

1247 Kilborn Place, Suite 300, Ottawa ON K1H 6K9

[www.odharefs.com](http://www.odharefs.com)

**Clinic Materials Order Form**

Please Order For :

<b>LAST NAME:</b>						
<b>First NAME:</b>						
<b>ODHA/ODMHA #:</b>		<b>ODMHA DISTRICT:</b>		<b>DISTRICT #:</b>		
<b>ADDRESS:</b>						
<b>CITY:</b>						
<b>PROVINCE:</b>						
<b>Postal Code:</b>						
<b>Home Phone #:</b>						
<b>Work Phone #:</b>						
<b>Cell Phone #:</b>						
<b>Email Home:</b>						
<b>Email Work:</b>						

Clinic Attended:

<b>Clinic Location:</b>							
<b>Clinic District:</b>						<b>District #:</b>	
<b>Clinic/Order Date</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>		

	Quantity	Price	Total
ODHA Logo Front Crest		x \$15.00 each	
ODMHA Logo Front Crest		x \$10.00 each	
Hockey Canada Shoulder Crest		x \$5.00 each	
Hockey Canada Rule Book		x \$6.00 each	
Hockey Canada Rulebook/Casebook Combination		x \$10.00 each	
Hockey Canada Procedures Manual		x \$30.00 each	

\*\*\*\*Please add GST of 6% to your order\*\*\*\*

**CLINIC PARTICIPANT'S SIGNATURE:** \_\_\_\_\_



**FOR ODHA/ODMHA OFFICE USE ONLY:**

<b>Cresting Order Received</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>				
<b>Cresting Order Fulfilled:</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>				
<b>Comments:</b>									

### ***Ordering Instructions:***

- Complete the form in full, ***INCLUDING your HCOP Number*** and forward to the ODHA Office along with a cheque for all fees.
- Officials **MUST** have attended and passed an ODHA/HC HCOP Clinic during the current year to be eligible to purchase additional HC/ODHA/ODMHA Cresting. All orders will be verified with the Clinic lists prior to being ordered.

To order a HCOP Number Bar, please use the separate Branch Number Bar Order Form.

**Make Cheques payable to ODHA DEVELOPMENT and mail to:**

**ODHA/ODMHA  
1247 Kilborn Place, Suite 300  
Ottawa ON K1H 6K9**