



**OTTAWA DISTRICT HOCKEY ASSOCIATION
OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION
OFFICIATING PROGRAM**
1900 Merivale Road - Suite 204 Nepean, Ontario K2G 4N4
WWW.ODHAREFS.COM



NUMBER BAR ORDER FORM

Please complete the on-line form below and forward to the ODHA Office (at the address noted above) along with your cheque for \$5.00 per Number Bar ordered payable to ODHA Development.

Officials must have attended and passed an ODHA-CHA CHOP Clinic during the current year to be eligible to purchase additional ODHA Number bars... All orders will be verified with Clinic lists prior to being ordered.

Number bars will be ordered and mailed to all officials at the end of the current year clinic season (approximately November 15th)

**ODHA NUMBER	<input type="text"/>
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PLEASE ORDER ___ NUMBER BARS for...

LAST NAME:	<input type="text"/>					
First NAME:	<input type="text"/>					
ADDRESS:	<input type="text"/>					
CITY:	<input type="text"/>					
PROVINCE:	<input type="text"/>			<input type="text"/>		
Postal Code:	<input type="text"/>	-	<input type="text"/>	<input type="text"/>		
Home Phone #:	(<input type="text"/>)	-	<input type="text"/>	<input checked="" type="checkbox"/>
Work Phone #:	(<input type="text"/>)	-	<input type="text"/>	<input checked="" type="checkbox"/>
Cell Phone #:	(<input type="text"/>)	-	<input type="text"/>	<input checked="" type="checkbox"/>

CLINIC ATTENDED

CLINIC LOCATION:	<input type="text"/>					
CLINIC DISTRICT:	<input type="text"/>				DISTRICT #:	<input type="text"/>
CLINIC/ORDER DATE:	DAY	<input type="text"/>	MONTH	<input type="text"/>	YEAR	<input type="text"/>

\$5.00 x ___ RECEIVED _____

PARTICIPANT'S SIGNATURE: _____

INSTRUCTOR'S SIGNATURE: _____

INSTRUCTOR'S NAME: (PRINT) _____

FOR ODHA/ODMHA OFFICIATING PROGRAM OFFICE INFORMATION ONLY

NUMBER BAR ORDER RECEIVED	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER BAR ORDERED	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILED TO Official	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS:	<input type="text"/>
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