

Report on Activities During the Season

Region/Association: _____

NAME: _____ DATE: _____

The ORA requires information on the various activities your Regions/Associations use to recruit, develop and inform their athletes, coaches and officials. Do not list clinics where a Course Registration form has been submitted to the office e.g. NCCP, NOCP.

1. Education Sessions: to inform or orientate coaches and officials other than NOCP/NCCP clinics

Minor Officials: Location _____ Date _____ Attendance _____

Coaches: Location _____ Date _____ Attendance _____

Officials: Location _____ Date _____ Attendance _____

Other (please specify): Location _____ Date _____ Attendance _____

2. Athlete Development Programming: skill development activities delivered for novice to national level athletes

Ringette Camp (residential or day) _____

Location _____ Date _____ Attendance _____ Age Group _____

Goaltending Clinics: _____

Location _____ Date _____ Attendance _____ Age Group _____

Skating (Power skating) Clinics: _____

Location _____ Date _____ Attendance _____ Age Group _____

Skills Training: _____

Location _____ Date _____ Attendance _____ Age Group _____

Conditioning Training (dry land) _____

Location _____ Date _____ Attendance _____ Age Group _____

Other (please specify): _____

Location _____ Date _____ Attendance _____ Age Group _____

3. Athlete Recruitment Programming: programs/events implemented specifically to recruit athletes to participate

Bring a Friend Night: _____

Location_____ Date_____ Attendance _____

Gym Ringette: _____

Location_____ Date_____ Attendance _____

Information Sessions for Parents: _____

Location_____ Date_____ Attendance _____

Other (please specify): _____

Location_____ Date_____ Attendance _____

4. Talent Identification Activities:

Regional Allstar Team (AAA) Tryouts: _____

Location_____ Date_____ Attendance _____

Skill Competitions: _____

Location_____ Date_____ Attendance _____

Other (please specify): _____

Location_____ Date_____ Attendance _____

5. Other Activities: other pertinent activities that aren't listed or fit into the above categories.

Thank you, the information you provided forms an integral part of our grant submission to the Ministry of Health Promotions.

Revised: March 2006