



**OHIO VALLEY
REGION**

Advancing the Sport of Volleyball
www.ovr.org

New or Replacement
Coaching Certification Form

Please enter all information exactly as it appears on you membership registration!

First Name _____

Middle Name/Initial _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Date of Birth _____

Last 4 digits of SSN _____

New Certification Type _____

Certification Date _____

Certification Site _____

Certification Instructor(s) _____

Email (in case of questions) _____

Please send this form along with a copy of your certificate to:

Ohio Valley Region Coaching Education
426 South Walnut Street
New Bremen, Ohio 45869
Phone/Fax: 419-629-8103
burroughs@ovr.org