

FRANKLIN COUNTY HOCKEY ASSOCIATION
COACHING APPLICATION

Name: _____

Address: _____

Phone: (____) _____ e-mail: _____

Child's Name in FCHA (if applicable): _____

Child's Skating Level (Intro, House, Mite, Squirt, etc): _____

USA/Mass Hockey Patch Level: _____ Year Last Patched: _____

CEP # _____

Coaching Position Desired: ___ Head Coach ___ Assistant Coach

Coaching Level Desired: _____

Last Level Coached: ___Intro ___House ___Mite ___Squirt ___PeeWee ___Bantam
Midget _____

(Check all that apply) ___ Other (describe): _____

Experience/Qualifications:

Coaching Philosophy (use the back or a separate sheet(s) if necessary):

Signature: _____

Date: _____

Return this form to FCHA, Attn: Coaching Coordinator, PO Box 411, Greenfield, MA
01302-0411.

A signed Coach's Code of Ethics Agreement must accompany this application.