

# Danvers Youth Hockey

P.O. BOX 391

Danvers, Ma. 01923

TO ALL COACHES APPLICANTS:

The Coaches Selection Committee will be meeting to start the screening process of all applicants received. The Committee has been charged with the task of recommending this year's coaches to the full board. Please fill out the following information and return this application no later than June 30th.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELE #: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSITION DESIRED:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**USA HOCKEY CERTIFICATION**

CEP #: \_\_\_\_\_

Initiation

Associate

Intermediate

Advanced

Master

USE REVERSE SIDE FOR ADDITIONAL COMMENTS OR INFORMATION OR ATTACH A RESUME OF YOUR HOCKEY AND COACHING EXPERIENCE.

SEND APPLICATION TO:

Danvers Youth Hockey Association Inc.  
Attn: Coaches Selection Committee  
P.O. Box 391  
Danvers, Mass. 01923

Signature: \_\_\_\_\_ Date: \_\_\_\_\_