



## Kent Cyclones Hockey Association Coaching Application

**Personal Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Employment:**

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

\*Do you have any children in the Kent Cyclones Hockey Association?    Yes    No

Childs Name	Age	Level / Team (1, 2, 3)

**Coaching Experience:**

Have you coached organized hockey in the past?    Yes    No

Are you presently coaching organized hockey?    Yes    No    Present Team: \_\_\_\_\_ Position: \_\_\_\_\_

**Position Desired:**    Head Coach                      Assistant Coach                      No Preference

**Level Desired:**            ADM                      Squirt                      Pee Wee                      Bantam

**USA Hockey Coaching Certification Completed:**    1    2    3    4    CEP#: \_\_\_\_\_

Coaching Position	Organization	Year / Season	Division / Level

**Coaching Goals or Philosophy:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hockey Experience:**

\*Have you played organized hockey in the past?    Yes    No

Name of Team	Organization	Dates Participated	Position