



The Brewins Youth Hockey Association, Inc.  
 P.O. Box 571  
 Bridgewater, MA 02324



2010 / 2011 Coaching Application

4-01-10 Filing Deadline

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

1. Did you have children involved in the Brewins organization for the 2009-10 season? Yes \_\_\_ No \_\_\_

If Yes, at what level: 1<sup>st</sup> child \_\_\_\_\_ 2<sup>nd</sup> child \_\_\_\_\_ 3<sup>rd</sup> child \_\_\_\_\_

2. Are you currently patched by USA Hockey? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, indicate CEP # and Level: \_\_\_\_\_

3. Do you have previous hockey coaching experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, with what program: \_\_\_\_\_

What level/levels did you coach? \_\_\_\_\_

4. Have you ever been relieved from your coaching duties at any time from an organizational sport?

Yes \_\_\_ No \_\_\_ If Yes, please give a brief description: \_\_\_\_\_

\_\_\_\_\_

5. Are you new to the Brewins for the 2010-11 season? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide two (2) names and phone numbers of reference from the previous program

you coached: Name 1 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name 2 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Level you would like to be considered as a Head Coach?

Mite: \_\_\_\_\_ Squirt: \_\_\_\_\_ Pee wee: \_\_\_\_\_ Bantam: \_\_\_\_\_ Midget: \_\_\_\_\_

7. Level you would like to be considered as an Assistant Coach?

Mite: \_\_\_\_\_ Squirt: \_\_\_\_\_ Pee wee: \_\_\_\_\_ Bantam: \_\_\_\_\_ Midget: \_\_\_\_\_

