



Coach Application

Please mail your completed Coach Application by June 30th. **Note:** All applications **MUST** be properly completed and signed to be considered.

Name: (First, Last): _____

Address: City: Zip: _____

Home Phone: _____ **Work Phone/Cell:** _____

Email Address: _____

Please check which level(s) you are interested in coaching:

Recreation League:

Squirt (6-9 yrs) Pee wee (9-11 yrs) Bantam (11-13 yrs) Midgets (14-18 yrs)

Travel League:

8U (8 yrs & under) 10U (9-10 yrs) 12U (11-12 yrs) 14U (13-14 yrs) 16U (15-16 yrs) 18U (17-18 yrs)

Please indicate if you will have a child playing at the selected level: No Yes

Please identify which coaching position you are interested in:

Head Coach Assistant Either

If Head Coach, please list up to three names of potential Assistants you would like to work with:

1. _____
2. _____
3. _____

Coaching Experience: (Please detail your coaching experience in all sports)

My Coaching Philosophy:

Playing Experience: (Please detail your playing experience and/or knowledge of the sport of hockey)

I certify that the above information is correct and accurate to the best of my knowledge.

Applicant Signature _____ **Date:** _____