



SCYH 2017-2018 Coaching Application
(Due January 23, 2017)

Please return to: Rick Beckwith
At rickbeck@sbcglobal.net or via fax 1-203-663-8616

Name: _____

Current Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

References: _____

Coaching & Hockey Experience: Please list your coaching (what teams/levels/years) and hockey playing experience:

USA Hockey Coach Card #:

Level:

Expiration Date:

Briefly state (i.) why you would like to coach youth hockey and (ii.) your philosophy on and style of coaching (use second page if necessary):

Signature:

Date:
