



USA Hockey Coaching Education Program
**REQUEST FOR
 DISTRICT TEMPORARY COACHING CARD**

FOR OFFICE USE ONLY
 Temporary Card
 issued for:
 1 4
 2 5
 3

Date: _____ Season: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ — _____ Home

(_____) _____ — _____ Work

(_____) _____ — _____ Fax

_____ E-Mail

CEP Card #: _____ Current Level: 1 2 3 4 5

Clinics attended through the USA Hockey Coaching Education Program: _____

Current Association: _____ Current District: _____

- District: Alaska Atlantic Central Massachusetts
 Michigan Mid-American Minnkota New England
 New York Pacific Rocky Mountain Southeastern

Team Level: Mite Squirt Pee Wee Bantam Midget High School

Team Name: _____

Enclosed is a check or money order for \$50.00 made payable to USA Hockey.

I understand that the USA Hockey Temporary Coaching Card expires April 30th of the current playing season. I also understand that I am eligible to apply for the Temporary Coaching Card only once during my career as a USA Hockey-registered coach, and that I must fulfill the level--specific requirements of my District/Affiliate after April 30th in order to continue coaching at the level above.

Coach: _____ Date: _____

Association Representative: _____ Date: _____

Association Representative Title: _____

District Coach-in-Chief: _____ Date: _____

Please mail this form in its entirety along with a check or money order for \$50.00 to:
USA Hockey, Attn: Alison Raines, 1775 Bob Johnson Dr., Colorado Springs, CO 80906