



**2015-2016 Coaching Application
Onondaga Youth Hockey Association**

Name: _____

Email: _____ Phone Number: _____

USA Hockey CEP # _____ Level/Expiration: _____/_____

Would like to coach: (if choosing multiple, please rank preference 1 being highest preference)

Initiation _____ Mite _____ Squirt _____ Pee Wee _____ Bantam _____ Midgets _____

Travel, House, Either? _____ Head or Assistant Coach _____

Years with Onondaga Youth Hockey: _____

Hockey Coaching Experience (if any):

Hockey Playing Experience (if any):

Non-Hockey Coaching Experience (if any):

Coaching Philosophy:

Additional Comments:

Signature: _____ Date: _____

Questions should be addressed to our ACE coordinator, John Weston at <johnweston@twcny.rr.com>

Completed forms should be emailed to John Weston <johnweston@twcny.rr.com> and Dan Aird <daird@twcny.rr.com>

Or mailed to:

**OYHA Coaching Application
Attn: Dan Aird
7319 Snowball Run
East Syracuse, NY 13057**