

**Yarmouth-Dennis Youth Hockey
Coaching Application**

Name _____ Phone# _____

Address _____ Work/Cell # _____

City/State/Zip _____ Date of Birth _____

Previous Hockey and Coaching Experience:

Level Patched: _____ **CEP# and Date Acquired:** _____

Desired Level to Coach:

- Mini-Mite
- Mite
- Squirt
- Peewee
- Bantam
- Midget

- Head Coach
- Assistant Coach
- Volunteer

References: (please list 3)

Name Address Phone#

If selected, I agree to abide by the rules and regulations set forth by USA Hockey, Mass Hockey, Cape League, NVL, Semho League, Yarmouth-Dennis Youth Hockey and any associated governing agencies. I also acknowledge that I will be required to submit a CORI check.

Signature

Please fill out application and CORI form and return to:
YDYH
P.O. Box 16
Yarmouthport, Ma. 02675