



2010-2011 Coaches Application

Applicant Information	
Full name	
Address	
City, State, Zip	
Home phone	
Mobile/cellular or work phone	
Email address	
Birthday (MM/DD/YYYY)	
SSN	

Player Information	Player #1	Player #2	Player #3
Name			
2008-2009 Team (e.g., Mite 1)			
2009-2010 Level (Initiation, Mite, etc.)			

Coaching Information	
Preferred Coaching Position #1	Head <input type="checkbox"/> Assistant <input type="checkbox"/> No Preference <input type="checkbox"/>
Preferred Coaching Level #1 (e.g., Mite, Squirt, etc.)	
Preferred Coaching Position #2	Head <input type="checkbox"/> Assistant <input type="checkbox"/> No Preference <input type="checkbox"/>
Preferred Coaching Level #2 (e.g., Mite, Squirt, etc.)	

Coaching Information

List Prior Coaching Experience in AHA or other organizations; please include level/team and year

List USA Hockey Coaching Achievement Patches Earned

List prior hockey playing experience

Describe any other coaching experience or other qualifications that may assist the Hockey Committee and the Executive Board in their coaches' assessments.

Please return this form on or before March 31, 2010 to:

**Andover Hockey Association
Hockey Committee
P.O. Box 323
Andover, MA 01810**