

# HEAD COACH & ASSISTANT COACH APPLICATION FORM



Long Beach Lightning Youth Hockey  
 150 W. Bay Dr.  
 Long Beach, NY 11561

Head Coach

Assistant Coach

**Please Print All Information Clearly**

Coach's Name: \_\_\_\_\_ Age:(optional) \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Profession: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Do You Have Children Playing?**

Child's Name \_\_\_\_\_ Child's Team \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Team \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Check Program Level Preference**

Mini Mite  Mite  Squirt  Pee-Wee   
 Bantam  Midget

**Coaching Certification** (please attach a copy of your card to this application.):

Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**Coaching Experience:**

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

**Playing Experience:**

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

Organization \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_ From Date to Date \_\_\_\_\_

**Coaching References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Authorization:**

Will you allow a background check by Long Beach Apple Core?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Mail To: Long Beach Lightning  
 150 W. Bay Dr  
 Long Beach, NY 11561  
 Email To: lbachockey@gmail.com  
 www.lbachockey.com

If you feel there is additional information which is relevant, please attach the information to this application.