

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 Lightning? Yes No

Signature _____	Date _____
-----------------	------------

Please Mail To: Long Beach Lightning
 150 W. Bay Dr
 Long Beach, NY 11561

Email To: lbachockey@gmail.com
www.longbeachlightninghockey.com

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