

COACHING APPLICATION



Name:

(Last)

(First)

(Middle)

Address:

(Number)

(Street)

(City)

(State)

(Zip Code)

Home Phone:

Cell Phone:

Work Phone:

Email address:

Birth date (mm/dd/yyyy):

Current USA Hockey Coaching Accreditation Level: (Circle one) 1 2 3 4 5

Year Level was achieved:

USA Hockey CEP Number:

expires:

USA Hockey Age Specific Modules Completed:

Club you last coached:

Year:

Level:

No. Years in Coaching:

Playing Experience (Highest Level):

Applying to be a Coach for (Check all that apply):

Travel

Lite-Travel

Head Coach

Assistant Coach

Mosquito (5-6)

Mite (7-8)

Squirt (9-10)

Pee Wee (11-12)

Bantam (13-14)

Midget (15-18)

Do you have a son(s) or daughter(s) in the Club? Y or N Level(s)

Emergency Contact's Name:

Cell Phone:

Alt. Phone:

Signature:

Date: