



COACHING HOUSE B APPLICATION FORM

Coach's Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

City _____ Zip _____ Work Phone (_____) _____

E-mail Address _____

Date of Birth _____ Current USA Hockey Certification Level _____ Years of Ice Hockey Coaching Experience _____

2008-09 Team (if applicable) _____

Please check which position you are applying for: Head Coach Assistant Coach

Please check which division you are applying for:

Girls Learn to Play Girls 12U Girls 13+

Do you have children who play ice hockey?

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Your past coaching experience (level, number of years, etc.) _____

Your past hockey playing experience (level, number of years, etc.) _____

What is your coaching philosophy/mission? _____

- Please submit a copy of your USA Hockey Certification Card (front and back) with this application.
- On a separate sheet of paper, please provide any additional information that may be helpful.
- Please return this form to the address below.

<p>Age Classifications for 2009-10 Fall/Winter Season</p> <p>BIRTH YEARS 1992 to 1996 Girls HS Club (13+)</p> <p>BIRTH YEARS 1997 to 2000 Girls 12U</p> <p>BIRTH YEARS 1999 and younger Girls Learn to Play</p>

