



COACHING APPLICATION FORM

- No experience necessary, only an open mind and willingness to develop along with the players.
- A fun learning experience for players and coaches.
- All parents interested in coaching are encouraged to volunteer.
- Coaches are provided with guidance, direction and insight relating to hockey FUNdamentals.
- Coaching by committee encouraged in order to distribute responsibility amongst the coaching staff.

Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

City _____ Zip _____ Work Phone (_____) _____

E-mail Address _____

Date of Birth _____ 2009-10 Team (if applicable) _____

Please check which division you are applying for: **Mighty Mite** **Mini Mite** **Be A Player** **It's A Girl Thing**

Are you playing in a fall/winter adult hockey league? Yes No If yes, where? _____

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.) _____



Please return this form to:
Suburban Ice-Macomb
54755 Broughton Road
Macomb, MI 48042

Phone: (586) 992-8600 • Fax: (586) 992-8666

USA Hockey Age Classifications for 2010 Spring, Summer & Fall Seasons

BIRTH YEAR	AGE	DIVISION
1996	14 Years	Bantam/Girls 14U
1997	13 Years	Bantam/Girls 14U
1998	12 Years	Pee Wee/Girls 12U
1999	11 Years	Pee Wee/Girls 12U
2000	10 Years	Squirt/Girls 10U
2001	9 Years	Squirt/Girls 10U
2002	8 Years	Mite/Mini Mite/Girls 8U
2003	7 Years	Mite/Mini Mite/Girls 8U
2004	6 Years	Mini Mite/Mighty Mite
2005	5 Years	Mini Mite/Mighty Mite
2006	4 Years	Mighty Mite