Elmira Jackals Youth Hockey
Coaching Application 2011-2012 Season

Anyone interested in coaching for the 2011-2012 Season, whether new or returning, must fill out this form completely.

Name: _____ _____ _____
(Last) (First) (Middle Initial)

Date of Birth: _____

Address: _____

_____

Phone: (H) _____ (W) _____ (Cell) _____

Email:_____

Age Group requested: (please circle)

IP HOUSE Mite Squirt PeeWee Bantam Midget

Would like to be: (please circle)

Head Coach Assistant Coach Manager

Current USA Hockey Certification Level: _____

Card Number: _____ Date Level Achieved: _____

Have you previously coached with Elmira Hockey? _____

If yes, please indicate 2010-20011 Level: _____and Position: _____

If yes, please indicate 2009-2010 Level: _____and Position: _____

If other, please indicate Year(s): _____ Level: _____and Position: _____

Name: _____ _____ _____
(Last) (First) (Middle Initial)

REFERENCES:

Name_____ Phone#_____

Name_____ Phone#_____

The information on this Coaching Application is accurate to the best of my knowledge. If selected to coach, I understand and agree that that this and additional information will be presented to the NYSAHA coaches screening program. I also understand that if selected to coach, I must meet and abide by USA Hockey and NYSAHA Coaching and Coaching education requirements.
Signature: _____Date:_____

Additional Information if needed: