

COACHING APPLICATION FORM

NAME	PHONE NUMBER
ADDRESS	E-MAIL ADDRESS

PREFERRED COACHING POSITION

<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS	<input type="checkbox"/> JR. GOLD	<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> ASST COACH	<input type="checkbox"/> EITHER
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A B C
 A B C
 A B C
 A B C

COACHING EXPERIENCE			
LEVEL OF CERTIFICATION <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> LEVEL 4 <input type="checkbox"/> MASTER	POSITION HELD LAST YEAR	RECORD	
PREVIOUS COACHING EXPERIENCE <input type="checkbox"/> MITES <input type="checkbox"/> SQUIRTS <input type="checkbox"/> PEEWEES <input type="checkbox"/> BANTAMS	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	YEARS AS HEAD COACH	YEARS AS ASSISTANT COACH

PLAYING EXPERIENCE	
<input type="checkbox"/> YOUTH <input type="checkbox"/> HIGH SCHOOL <i>Where</i> _____	<input type="checkbox"/> JUNIORS <i>Where:</i> _____
<input type="checkbox"/> COLLEGE <i>Where</i> _____	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER: _____

Do you currently have children playing in the CCHA? Yes No *If yes, names and levels:*

Name: _____	<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS
Name: _____	<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS
Name: _____	<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS
Name: _____	<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS
Name: _____	<input type="checkbox"/> MITES	<input type="checkbox"/> SQUIRTS	<input type="checkbox"/> PEEWEES	<input type="checkbox"/> BANTAMS

Additional Comments:(optional)

After completing form, print out and mail to:
ATTN: DIRECTOR OF HOCKEY OPERATIONS
CCHA
P.O. BOX 1006
CHANHASSEN MN 55317