

**MCYHA RESTRUCTURED YOUTH HOCKEY ASSOCIATION
COACHING APPLICATION FORM**

2010-2011 Season

POSITION (check all that apply):

Head Coach

Assistant Coach

Name:

Address:

City/Town:

Home Phone:

Business Phone:

Email Address:

DESIRED COACHING LEVEL:

1st Choice:

2nd Choice:

Would you accept any other level?

HOCKEY COACHING EXPERIENCE:

Level (s) Coached:

COACHING EDUCATION PROGRAM (CEP):

(CHC Requirements - Mites=Level 1 Squirt=Level 2 Pee Wee, Bantams & Midgets=Level 3)

> Current level held (please provide copy of card with form):

> If you don't currently have a CEP card will you commit to acquiring one?

yes

no

OTHER COACHING OR YOUTH HOCKEY RELATED EXPERIENCE:

REFERENCES:
