

LEECH LAKE YOUTH HOCKEY ASSOCIATION

COACHING APPLICATION / RESUME

2009-2010 SEASON

APPLICATION

MARK DESIRED POSITION FOR THIS COMING SEASON:

MITES _____ SQUIRTS _____ PEWEES _____

POSITION: HEAD COACH _____ ASSISTANT COACH _____

NAME

ADDRESS

EMAIL

BIRTHDATE

HOME PHONE

CELL PHONE

CHILDREN REGISTERED WITH LLYHA:

Name

Birthyear

Team Level

1.

2.

3.

EXPERIENCE

ICE HOCKEY COACHING EXPERIENCE:

YEARS	ASSOCIATION	LEVEL	POSITION
1.			
2.			
3.			

COACHING EXPERIENCE OTHER SPORTS:

YEARS	SPORT	AGE GROUP	POSITION
1.			
2.			
3.			
4.			

ICE HOCKEY PLAYING EXPERIENCE:

1.
2.
3.

ANY OTHER RELATED EXPERIENCE OR BACKGROUND:

COACHING CERTIFICATION & CLINICS COMPLETED:

____ USA HOCKEY LEVEL I - I.P. YEAR _____

____ USA HOCKEY LEVEL II – ASSOCIATE
YEAR _____

____ USA HOCKEY LEVEL III – INTERMEDIATE
YEAR _____

____ USA HOCKEY LEVEL IV – ADVANCED
YEAR _____

____ USA HOCKEY LEVEL V – MASTERS
YEAR _____

____ OTHER – PLEASE DETAIL

SIGNATURE

DATE

PLEASE RETURN TO LEECH LAKE YOUTH HOCKEY

ATTENTION: COACH IN CHIEF OR EMAIL TO: puck1234@arvig.net