



APPLEWOOD HOCKEY ASSOCIATION APPLICATION

For position as a: Coach / Manager / Trainer

POSITION APPLIED FOR: () Coach () Manager () Trainer () Assistant Coach

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

PREVIOUS EXPERIENCE: Please indicate your past involvement in hockey and provide information on the Association, level of competition and age groups. Also include number of years involved with each Association.

COACHING QUALIFICATIONS: () YES () NO

CERTIFICATION LEVEL: _____ CERTIFICATION NO. _____

DATE ISSUED: _____

TRAINER'S CERTIFICATION: CERTIFICATION NO. _____ () YES () NO

LEVEL; _____ EXPIRY DATE: _____

PLEASE INDICATE ANY OTHER PERTINENT INFORMATION IN THE YOUR EMAIL.

I understand that other duties include the promotion and attendance at Association events, promotion of fundraising activities, attendance at meetings called by the Association and respect of all rules and regulations specified in the Applewood Hockey Association Constitution and By-Laws and the Mississauga Hockey League Constitution and By-Laws. I understand that failure to comply with any of the above may result in disciplinary action. DATE: _____ SIGNATURE: _____