



Shallow Lake Minor Hockey 2013/14 Coaching Application

Name:

Address:
Street City Postal Code

Email:

Phone #'s:
Home Business Cell

Team Preference

First Choice Second Choice Third Choice

If you have any children currently playing hockey, please indicate their team for the upcoming season

Child #1 Child #2

Current OMHA Coaching Level

- None
- Initiation (CHIP)
- NCCP Coach Stream
- NCCP Development 1
- NCCP Development 2

Hockey Coaching Experience

Year	Age Group	Level (Rep/LL)	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Coaching Experience Other Than Hockey

Do you have interest in Course Certification Intro Coach "CHIP" Development 1

If you are accepted as Head Coach, do you have others to assist you?

Name Phone

References:

Comments:

***** Police checks are mandatory for all coaching staff*****
 Complete this application and return to: Mike Murphy (murphsplace@amtelecom.net)