

SLMHA Coaching Application

Personal Information

Name:Phone:E-Mail:			Head Coach/Assistant:	
Previou	is Coaching	Experience (feel free to list on a separate page, if necessa	<u>ry):</u>
Year	<u>Division</u>	League	Job Title/Responsibilities	
_	*11*	1		
		ate in team selection	you be willing to be an assistant coach?	Yes No Yes No
Criminal Record Check completed/up to date? Yes No				
Hockey Control Hockey Con	a Sport Coach (R anada Safety Pro anada Initiation I Coach Level ntermediate Leve eam cking ent 1	_		
Other (ple	ase list):			
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verify my selected, I	uthorize the Slav credentials, qual further agree to	ifications and chara abide by the Const	key Association to conduct any investigation acter in order to meet their coaching requirer itution, By-laws and Rules and Regulations ograms as laid out by SLMHA.	ments. Should I be
Signatura			Doto	