

CHETWYND & DISTRICT MINOR HOCKEY ASSOCIATION



COACHING APPLICATION FORM

Returning coach	
Name: Email: Phone Number: Division Applying For: Position Applying For:	
New Coach to CDMHA	
PERSONAL INFORMATION:	
Name:	
Date of Birth:	
Mailing Address:	
Phone #	
Hockey Canada Registration#	
POSITION:	
I am applying to be aCoach	Assistant Coach
If not selected as a Coach, I am willing to be	an AssistantYesNo
<u>DIVISION/TEAM</u> :	
List the division or team you are applying to coach:	
1st Choice:	2 nd Choice:
Check all that you are interested in or willing to do: Rep team House team Enter All Peace League Enter Provincials Use morning practice ice	
CERTIFICATION:	
Coaching Level:	
Respect in Sport:	
First Aid:	
Other:	

EXPERIENCE:		
Team/Division:		Position:
Association:		Year:
Team/Division:		Position:
Association:		Year:
Team/Division		Position:
		Year:
Association.		
Y	our last association may be contacted to ve	erify this information
RELATED EXPERIENCE:		
List related experience, if any, which	supports your coaching application.	
COACHING PHILOSOPHY:		
What is your coaching philosophy an	d what goals would you like to see for	your team?
Name:	Date:	

Please note: Interviews may be requested by the Selection Committee

Email Application to CDMHA Head Coach PJ Borton. bortonpat@hotmail.com