



INNISFAIL MINOR HOCKEY Manager Application 2022-23

CONTACT INFORMATION

Name: _____

Address: _____

Email: _____

Phone: () _____

Date of Birth: _____

TEAM INFORMATION

TEAM(S) APPLYING FOR: _____

Do you have a son/daughter at this age?

YES

NO

EXPERIENCE: *Please list your past experience (Attach personal resume if necessary)*

Season Association: Position:

Season Association: Position:

Season Association: Position:

Season Association: Position:

Other relevant training: (please include all other hockey related experience, i.e. player, referee, etc. together with any other applicable qualifications or certifications)

What Hockey experience (coaching/playing) do you have to help with your potential managing position?

References

(please include two references):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Declaration

I certify the foregoing information to be true and, in the interests of protecting the children involved, I hereby authorize the association to conduct any background checks they deem necessary. All results will be kept strictly confidential. By signing this declaration, I agree to follow the IMHA Manager's Code of Conduct.

(applicant's signature)

Submit Manager Applications to:

INNISFAIL MINOR HOCKEY

Box 6028

Innisfail, AB

T4G 1S7

Email: imhadevelopment@gmail.com