



# INNISFAIL MINOR HOCKEY Manager Application 2020-21

## 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.

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(applicant's signature)

## **Submit Manager Applications to:**

**INNISFAIL MINOR HOCKEY**

**Box 6028**

**Innisfail, AB**

**T4G 1S7**

**Email: [imhadevelopment@gmail.com](mailto:imhadevelopment@gmail.com)**