Innisfail Minor Hockey



Manager Application

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| 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 |
| Season: Association: Position: |
| Season: Association: Position: |
| Season: Association: Position: |
| Other relevant training: (please include all other hockey related experience ie: player, coach, official, etc. together with any other applicable qualifications or certifications.) |
| References (please provide 2)  Name: Ph#  Name: Ph# |
| 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:**

**IMHA Development Director – IMHAdevelopment@gmail.com**