



COACH APPLICATION
Westlock Minor Hockey

Name:

Address:

Email address:

Home Phone:

Cell Phone:

Certifications: Please check all that apply.

Check all that apply.	Certification	Year Completed
<input type="checkbox"/>	Respect in Sport – Coach	
<input type="checkbox"/>	Coach 2 - Coach Level	
<input type="checkbox"/>	Development 1	
<input type="checkbox"/>	High Performance 1	
<input type="checkbox"/>	Instructional Stream – Checking Skills	
<input type="checkbox"/>	Hockey Canada Safety Program	

If you have any other relevant certifications, please indicate below:

Which division do you prefer to coach? (Please circle your choice.)

U7

U9

U11

U13

U15

U18

Which position do you prefer? (Please circle your choice.)

Head Coach

Assistant Coach

Please describe your coaching philosophy:

Previous Coaching Experience:

Fill the form out online, save to your computer and email your coaching application to Vice President at westlockmhavp@gmail.com