



P.O. Box 457
 Estevan, Sask.
 S4A 2A4

**ESTEVAN MINOR HOCKEY ASSOCIATION
 COACHING APPLICATION**

Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Please circle the team you are applying for:

Midget AA	Midget A	Midget House	Bantam AA	Bantam A
Bantam House	PeeWee AA	PeeWee A	PeeWee House	Atom Tier AA
Atom Tier II	Atom House	Novice Tier II	Novice House	Initiation
Female Midget	Female Bantam	Female PeeWee	Female Atom	Female Novice

Please circle the coaching courses you currently have:

Speak Out/Respect in Sport	Intro to Coach	Level Coach/Coach Stream
Development I	Development 2	
Body Checking	Safety	

Coaching Experience:

Personal hockey experience:

Name of assistant coach/coaches, manager and trainer:

Personal hockey goals for yourself and the team for the upcoming season:

Please list three references including phone numbers:

Signature: _____ **Date:** _____