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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bulldog Youth Hockey Coaching Application** | | | | | | | | | | | | |
| **Season**: | | | | | | Applicant (please circle): **New / Renewing** | | | | | | |
| Name (Please Print): | |  | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | |
| Street Address: | |  | | | | | | | | | | |
| P.O. Box: | |  | | | | | | | | | | |
| City, State, Zip Code: | |  | | | | | | | Cell phone: | | |  |
| Telephone (Home): |  | | | | | | Telephone (Work): | | | | |  |
| Previous year team & position with team (if renewing): | | | | | | | | | | | | |
| Age Group Desired: | | | Mini-Mite Mite Squirt U10 Peewee U12 Bantam U15 | | | | | | | | | |
| Coaching Level Desired: | | | Head Coach Assistant Coach | | | | | | | | | |
|  | | | | | | | | | | | | |
| USA Hockey coaching level: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | **Number of Years** | | | **Player Age Level** | |
| Prior Coaching or Playing Experience | | | | | Head Coach | | |  | | |  | |
|  | | | | | Assistant Coach | | |  | | |  | |
|  | | | | | Other Sports | | |  | | |  | |
|  | | | | | Playing | | |  | | |  | |
| Additional details regarding coaching experience: | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Why are you interested in coaching ice hockey (Explain)?** | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **Send this application to: Hockey Operations Committee, hoc@bulldoghockey.org** | | | | | | | | | | | | |
| **Applicant’s Signature:** | | | | | | | | | | **Date:** | | |
| **HOC Approved Team Assignment:** | | | | | | | | | | | | |