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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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|   |
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|   |
| **Send this application to: Hockey Operations Committee, hoc@bulldoghockey.org** |
| **Applicant’s Signature:**  | **Date:** |
| **HOC Approved Team Assignment:** |