



PREDATORS

2018 – 2019 SEASON



COACHING APPLICATION

NAME: _____
Last First Middle

STREET ADDRESS: _____

City State ZIP Code

CELLULAR PHONE: (_____) _____ - _____

E-MAIL ADDRESS: _____

YEAR OF BIRTH, DIVISION, AND LEVEL YOU WISH TO COACH: _____

APPLYING FOR: Head Coach Assistant Coach

USA HOCKEY CERTIFICATION LEVEL: _____ COACHING CEP#: _____

EXPERIENCE AND QUALIFICATIONS (PLEASE LIST): _____

1. ARE YOU CERTIFIED TO COACH THE DIVISION YOU ARE APPLYING FOR? YES NO
2. DO YOU HAVE ALL PA STATE CLEARANCES COMPLETED? YES NO
3. DO YOU HAVE EXPERIENCE WITH PLAYER EVALUATION? YES NO
4. IF SELECTED, ARE YOU AVAILABLE IN MAY FOR PLAYER TRYOUTS YES NO

SIGNED: _____ DATE: _____

RETURN TO THE PITTSBURGH PREDATORS AT THE ADDRESS BELOW:
990 Castle Shannon Boulevard, Pittsburgh, PA 15234 * Email: predators@icecastlearena.com