

Carleton Place Girl's Hockey Association

Application For Head Coach for the 2010/11 SEASON

The CPGHA executive must receive applications for Coaches by **May 31st**.

Application for Head Coach of:

Competitive Team: _____ (recommended Intermediate Level Cert.)

House Team: _____ (requires Coach Level Cert.)

Fundamental _____ (requires Initiation Cert.)

If you do not have the appropriate Certification, please list the date you will be taking the course: _____ (required by Nov 1st.) Please note that the CPGHA will pay for one coaching certification course per team if required.

Indicate the Level you wish to be head coach for:

Fund _____ Novice _____ Atom _____ PeeWee _____ Bantam _____ Midget _____ Int _____

Name: _____ Address: _____

Phone: (h) _____ Phone: (w) _____ Email: _____

Do you have a child playing? _____ Name: _____ DOB _____

Child's last level of play: _____ Organization: _____

Hockey Coaching Experience:

Position _____ Level _____ Organization _____

Position _____ Level _____ Organization _____

Position _____ Level _____ Organization _____

Other Sports Coaching Experience:

Position _____ Level _____ Organization _____

Position _____ Level _____ Organization _____

Coach's Certification Level: Initiation: _____ Date Issued: _____

Coach: _____ Date Issued: _____

Intermediate: _____ Date Issued: _____

Advanced: _____ Date Issued: _____

Other: _____ Date Issued: _____

No Level _____