



# WASAGA BEACH MINOR HOCKEY ASSOCIATION

## COACHING APPLICATION

Please indicate coaching level applying for

 REP A/E L/L

I, \_\_\_\_\_, am applying for the \_\_\_\_\_  
*Name* *Team Age Group*

### My past Hockey coaching experiences include:

Centre: \_\_\_\_\_ Team Level:  REP  A/E  L/L Year: \_\_\_\_\_

Team age group: \_\_\_\_\_ Position Held: \_\_\_\_\_

Centre: \_\_\_\_\_ Team Level:  REP  A/E  L/L Year: \_\_\_\_\_

Team age group: \_\_\_\_\_ Position Held: \_\_\_\_\_

Centre: \_\_\_\_\_ Team Level:  REP  A/E  L/L Year: \_\_\_\_\_

Team age group: \_\_\_\_\_ Position Held: \_\_\_\_\_

Centre: \_\_\_\_\_ Team Level:  REP  A/E  L/L Year: \_\_\_\_\_

Team age group: \_\_\_\_\_ Position Held: \_\_\_\_\_

### Please provide three coaching related references below.

Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

**For any coaching experience OTHER than hockey please provide details below:**

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**Please indicate ALL Hockey related certificates you hold (e.g. coaching, trainer)**

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**Please indicate any coaching related courses/training you have attended.**

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**Please indicate your previous hockey experience:**

Years: \_\_\_\_\_ Level: \_\_\_\_\_

Are you still playing hockey? \_\_\_\_\_ If so where \_\_\_\_\_ at what level \_\_\_\_\_

Do you have a child playing minor hockey with WBMHA ? \_\_\_\_\_

If yes at what level \_\_\_\_\_ and age group \_\_\_\_\_.

**Please indicate why you feel you are the best candidate to coach this team:**

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**Please indicate your goals for this team in the upcoming season:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please forward this application to:**

Wasaga Beach Minor Hockey Association  
Attention: Coach Liaison  
Box 351  
Wasaga Beach ON L9Z 1A4

**Application Deadlines:**

**REP Teams:** June 30<sup>th</sup>

**AE Teams:** June 30<sup>th</sup>

**L/L Teams:** September 1<sup>st</sup>