

# LBCA HOCKEY COACHES APPLICATION

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ H \_\_\_\_\_  
 W \_\_\_\_\_

COACHING PREFERENCE: HEAD COACH  ASST COACH

COACHING LEVEL PREFERRED: TYKE  NOVICE  ATOM   
 PEEWEE  BANTAM

# OF YRS COACHED \_\_\_\_\_ COACHES CERTIFICATION YES  NO  LEVEL \_\_\_\_\_

**CHILDREN REGISTERED IN ASSOCIATION**

LAST NAME	FIRST NAME	LEVEL

**LIST HOCKEY TEAMS COACHED (most recent first)**

YEAR	ASSOCIATION	LEVEL	DIVISION	ASSOCIATION CONTACT

**LIST OTHER COACHING ACHIEVEMENTS or EXPERIENCES (any sport)**


**BRIEFLY STATE COACHING PHILOSOPHY**


**PLEASE PROVIDE PERSONAL AND HOCKEY REFERENCES**

	PERSONAL REFERENCES		HOCKEY REFERENCES
1		1	
2		2	

**Please indicate your agreement to a criminal screening which may be conducted at the Association's discretion by signing the "YES"**

YES \_\_\_\_\_ NO \_\_\_\_\_