



**Thompson Minor Hockey Association  
House League Coach Application Form  
2007-2008 Season**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**League Team**  **Traveling Team**

Coach  Assistant Coach  Trainer

Novice  Atom  Pee Wee  Bantam  Midget **Female**

Do you have a child playing hockey? **Y / N** Name \_\_\_\_\_

Child's last level of play \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Certifications:**

Coaching Level \_\_\_\_\_ Year \_\_\_\_\_

Trainer/First Aid Level \_\_\_\_\_ Year \_\_\_\_\_

Gator-Aid Safety Level \_\_\_\_\_ Year \_\_\_\_\_

Coach Awareness \_\_\_\_\_ Year \_\_\_\_\_

Other Courses \_\_\_\_\_ Year \_\_\_\_\_

**Coaching Experience:**

Position \_\_\_\_\_ Level \_\_\_\_\_ Association \_\_\_\_\_ Year \_\_\_\_\_

Position \_\_\_\_\_ Level \_\_\_\_\_ Association \_\_\_\_\_ Year \_\_\_\_\_

Position \_\_\_\_\_ Level \_\_\_\_\_ Association \_\_\_\_\_ Year \_\_\_\_\_

**Hockey Related References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\* All coaching positions require a criminal record check. **Attached?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information regarding registration please call Ingrid Shaw 677-2521**