



# Leduc Minor Hockey Association Coaching Application

## APPLICANT

<b>Name:</b>	<b>Phone (h):</b>
	<b>Phone (b):</b>
<b>Address:</b>	<b>Phone (cell):</b>
	<b>Fax:</b>
<b>City:</b>	<b>E-mail:</b>
<b>Postal Code:</b>	

## COACHING POSITION PREFERRED

	Level	Recreational/Competitive
<b>1<sup>st</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		

## COACHING QUALIFICATIONS

CERTIFICATION LEVELS	DATES OF CERTIFICATON

## COACHING EXPERIENCE

From (Year)	To (Year)	Club/Association	Age Group	Gender	League

## REFERENCES

Name	Relationship to Applicant	Telephone number

## SECURITY CLEARANCE (for office use only)

Police Records Report Dated:
<b>POLICE CHECKS ARE MANDATORY FOR ALL COACHING POSITIONS</b>

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_