



Coaching Application

ORILLIA MINOR HOCKEY ASSOCIATION

This application is for those individuals who are interested in a coaching position with Orillia Minor Hockey for the 2012-2013 season.

Please return completed application to the email or mailing address below no later than March 25, 2012 for Representative or March 31, 2012 for House League .

*Orillia Minor Hockey Association
P.O. Box 731
Orillia, ON L3V 6K7*

(705) 326-6642 email orilliamha@bellnet.ca or website www.orilliahockey.com

Orillia
Minor Hockey Association

Coaching Application

Name: _____

Address: _____ City _____

Postal Code: _____ Email: _____

Phone: (Home) _____ (Bus): _____ (Cell): _____

Team Selection

First Choice: _____ Second Choice: _____

(Category i.e., Tyke, Novice, Atom, PeeWee, Bantam, Midget, Juvenile,)

House League _____ or Representative _____

If these choices were not available, would you accept a different position?
Yes _____ No _____

National Coaching Certification (Please fill out applicable areas)

If you do not have certification – please visit our website at www.orilliahockey.com for upcoming clinic dates.

CHIP Certification Year Attained: _____

NCCP Certifications

Coach Year Attained: _____

Intermediate Year Attained: _____

Rec Stream Year Attained: _____

HCTP Certification Year Attained: _____

Speak Out – Respect In Sport Clinic (mandatory) Year Attained: _____

Previous Coaching Experience:

Team/Association	Category	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

