

KENORA AA/AAA THISTLE HOCKEY COUNCIL

(Lake of the Woods Minor Hockey Association)

2010 - 2011 Coaching Application

Name: _____ Date of Birth _____

Street Address: _____

Mailing Address: _____

Email Address: _____

Phone #: Home _____ Work _____ Cell _____

What Division do you wish to coach in? _____

Would you have a son/daughter on the team? Yes _____ No _____

Name of individual(s) you wish to coach with (optional): _____

Please note that each individual must also complete & submit a separate coaching application.

Coaching Experience

Please list your previous minor hockey coaching experience:

2009-10: Division/Level _____ Association _____

2008-09: Division/Level _____ Association _____

2007-08: Division/Level _____ Association _____

Other coaching experience: _____

Coaching Certification

HC Initiation Program Year Attained _____ Reg # _____

NCCP Coach Stream Year Attained _____ Reg # _____

NCCP Development 1(Intermediate) Year Attained _____ Reg # _____

4. References

Please attach to coaching application. Minimum of two references with contact information.

I understand that completing a Coaching Application with Kenora AA/AAA Thistle Council and LOWMHA does not ultimately guarantee me a coaching position. If successful I acknowledge that I will be required to obtain a Police Record Check through the local detachment of the Ontario Provincial Police. Any cost associated to this requirement will be covered through Kenora AA/AAA Thistle Council and LOWMHA.

I certify that the information on this application to be true and correct.

Signature: _____ Date: _____