



Holy Name Hockey Association

2010-2011 Season Coaching Application

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please indicate ( X ) the Level you wish to Coach**

Instructional (Learn to Skate/Play) \_\_\_\_\_ Mite \_\_\_\_\_ Squirt \_\_\_\_\_  
Peewee \_\_\_\_\_ Bantam \_\_\_\_\_ Midget \_\_\_\_\_

**Please list your coaching Experience**

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**Please list your Playing Experience (Organized, High School, College) etc.**

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**Please list your Coaching Philosophy**

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**Please list Coaching Clinics( Patches ) Attended**

USA Hockey Initiation Program Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Associate Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Intermediate Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Advanced Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_

All Applications to be reviewed by Executive Board of Directors

**( Submittal of Application Does not Guarantee a Position )**