



SOUTH WOOD COUNTY
YOUTH HOCKEY ASSOCIATION

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COACHING APPLICATION – 2011 – 2012

APPLICATION DEADLINE - SEPTEMBER 6TH

PLEASE DROP YOUR APPLICATION IN THE METAL SWCYHA LOCK BOX OUTSIDE OF THE SWCRC.

NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: CELL PHONE:

EMAIL:

COACHING CERTIFICATION: USA HOCKEY CEP#: LEVEL:

WHICH POSITION ARE YOU INTERESTED IN: HEAD COACH ASSISTANT COACH

PLEASE ANSWER THE FOLLOWING QUESTIONS:

LIST YOUR HOCKEY EXPERIENCE (EARLIEST TO PRESENT):

LIST YOUR COACHING EXPERIENCE (EARLIEST TO PRESENT):

LIST COACHES AND YEAR (APPROXIMATE) THAT YOU HAVE PREVIOUSLY WORKED WITH:

WHAT IS YOUR COACHING PHILOSOPHY?

AS A COACH, WHAT SPECIFIC GOALS WOULD YOU LIKE TO ACCOMPLISH THIS YEAR?