

2013/2014 SEASON
Ann Arbor Amateur Hockey Association
HOCKEY COACHING APPLICATION

Application must be turned in to the Association Office or e-mailed to the AAAHA ACE Coaching Director at pat.sirota@gmail.com **ATTACH ADDITIONAL SHEETS AS NECESSARY**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____

Please list the team(s) that you would like to coach (i.e. Mite, Squirt, Bantam A, etc.):

Current CAP Certification Level:

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> None |

What was the highest level of hockey that you have played (i.e. Jr. A, Jr. B, or Midget Major) and what was the name of the team? If college, please specify club or varsity.

Have you ever been arrested and/or convicted of a felony? yes no

If yes, please explain: _____

List previous coaching experience:

Please list three references:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

If selected as coach, I agree to abide by the rules set forth by the Ann Arbor Amateur Hockey Association, The Michigan Amateur Hockey Association and the USA Hockey Association.

Signature: _____

Date: _____

Additional Background Information (Optional):