

SPRING LEAGUE COACHING APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE (H): _____ (W): _____

1. I am interested in coaching in the TCIA Spring Youth program at the following level:

_____ COACH _____ ASST. COACH _____ MANAGER

2. I am interested in coaching the following age group(s):

_____ Developmental _____ PeeWee

_____ Mite _____ Bantam

_____ Squirt _____ Midget

3. Coaching experience (please list where, when, and which sports): _____

4. USA Hockey Coaching Achievement Program (check all that apply):

Date Issued ID#

Associate _____

Intermediate _____

Advance _____

Master _____

5. Please add any other comments you may have regarding your desires to be a coach for the TCIA Spring Youth Hockey League.

PLEASE RETURN APPLICATION ASAP TO:

THOMAS CREEK ICE ARENA
80 LYNDON ROAD
FAIRPORT, NY 14450
ATTN: BILL LUKASZONAS
OR
DROP OFF AT THE FRONT DESK