



SYHA COACHING APPLICATION

2018 -2019 / SEASON

City of Shaker Heights
Thornton Park Ice Rink
3301 Warrensville Center Rd,
Shaker Heights, OH 44122
(216) 491-1290

PERSONAL INFORMATION:

NAME: _____
FIRST MIDDLE LAST OTHER NAME(S) USED

ADDRESS: _____
ADDRESS DATE OF BIRTH

CITY STATE ZIP YEARS AT THIS RESIDENCE

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

CURRENT EMPLOYER NAME & PHONE: _____

CURRENT USA HOCKEY COACHING CERTIFICATION LEVEL _____

CURRENT USA HOCKEY COACHING CEP # _____

EXPERIENCE:

Provide the following information for each season you have previously coached an ice hockey team beginning with the most recent (continue on separate page and attach if needed).

YEAR	TEAM NAME & LOCATION (CITY,STATE)	CLUB / LEAGUE	COACHING POSITION	AGE BRACKET & LEVEL (AA,A,B, REC)

PREFERENCE:

Provide your top three choices and desired role(s), starting with one of the greatest interest.

ORDER OF INTEREST	AGE BRACKET	LEVEL	HEAD COACH (Y/N)	ASSISTANT COACH (Y/N)	EITHER (Y/N)
1					
2					
3					
4					