



VAIL MOUNTAINEER HOCKEY CLUB
COACHING APPLICATION

Name: _____

Occupation _____

Address _____

Cell Phone _____ Home Phone _____

Email _____

Position Applying for: Head ____ Assistant ____

Preferred Age Division

Midget ____ Bantam ____ Pee Wee ____ Squirt ____ Girls ____

Level of play A ____ B ____ REC ____

USA Hockey Certified Yes ____ No ____

IF Yes What Level _____ Certification # _____

Year of Certification _____

USA Hockey Age Specific Module that you have completed

Rec ____ Sqt ____ PW ____ Bantam ____ Midget ____ HS ____

Do you currently have a player playing in the Mountaineer Hockey Association?

Yes ____ No ____

If yes, player name(s) _____

Age Division / Level of play last year _____ / _____

Is it your desire to coach his/her team? Yes ____ No ____

Describe your reasons for wanting to be involved in a program of this

nature and your coaching philosophy:

Coaching Experience: (If you are a returning Mountaineer coach list only your last team coached)

Teams

Where: _____
(Team/Association) (City)

Level of play: _____

When: _____
(Month) (Years)

Where _____
(Team/Association) (City)

Level of play: _____

When: _____
(Month) (Years)

Where: _____
(Team/Association) (City)

Level of play: _____

When: _____
(Month) (Years)

Other Coaching/Playing Experience:
