

2020-21USA Hockey Coaching Education Program



COVID-19 SPECIAL TEMPORARY COACHING CARD

(Please allow a minimum of 30 days to process your request)

Date:		Season: 2020	-21 Date of Birth	:
Address	:			
City:			State: Z	ip Code:
Telepho	ne Number:			
Email: _				
Current	Level: □1 □	12 □3 (This card	provides a one year ev	tension at your current level).
District:		☐ Atlantic	☐ Central	☐ Massachusetts
	☐ Michigan			
	☐ New York		☐ Pacific	☐ Rocky Mountain
	☐ Southeaster	า		•
	o coach during the	rstand that I am obligat ne 2020-21 season. SA Hockey for the 202	·	the following in order to be
•	· ·	equired background sc		
•	Complete the r	equired SafeSport train	ing.	
•	Complete the a play that I am o		c Training Module (<i>(if necessary)</i> for the level of
			•	Temporary Coaching Card
	on August 31, 20	21 of the current playin	g season.	

Please mail this form in its entirety along with a check or money order for \$50 payable to:

USA Hockey National Office ATTN: COVID-19 Special Temporary Coaching Card 1775 Bob Johnson Drive Colorado Springs, CO 80906-4090