



Kodiak Hockey League Manager Application Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (cell): _____ Email: _____

Please check age-group(s) you're interested in (if multiple, rank 1=highest, 5=lowest):

6/8U ___ 10U ___ 12U ___ 14U ___ 16/18U ___ Other: _____

Managerial Background

Total number of years you've managed? _____ What season did you last manage? _____

What levels have you managed at? _____ Where have you managed? _____

Do you have any non-hockey managing experience? _____ If yes, what sport? _____

Please briefly list your strengths and weaknesses as a manager:

Please briefly share why you want to be a youth hockey manager?

Personal References

Please list three references, personal, professional, or hockey-related:

1. _____ phone or email: _____
2. _____ phone or email: _____
3. _____ phone or email: _____

Kodiak Hockey League understands it is our coaches and managers who volunteer countless hours, so our program runs efficiently and effectively. With this understanding, we carefully screen all applicants for coaching and manager positions. Please take the time to complete this application thoughtfully and thoroughly. If selected as a KHL Manager, it is a requirement to complete a criminal background check and complete all required USA Hockey forms.

Signature of Applicant: _____ Date: _____

Please submit your completed application to:

info@kodiakhockeyleague.org

Kodiak Hockey League

P.O. Box 1227

Kodiak, AK 99615