

Head Coach Application

Spring 2024/ Fall & Winter 2023/24

Name _____

Address _____ City _____ ZIP _____

Work Phone _____ Cell Phone _____

Email _____ Birthdate ____/____/____

USA Hockey Coaching Level: CEP Level (1-5) _____ USA Hockey # _____

Number of years coaching experience? _____ Highest Level Coached _____

Association coached w/ last year _____ Division & Level _____

Previous MAHA or other youth organization suspensions? _____ If yes, please explain

Which age group do you wish to coach? 6u 8u 10u 12u 14u 16u 18u 19u

What level do you wish to coach? House Travel A Travel AA Girls Program LTP

What was your prior year practice to game ratio? _____ Projected Ratio? _____

What is your coaching philosophy on games and practices? _____

What are your coaching strengths? _____

What are your coaching weaknesses and how do you plan to compensate for them? _____

Please return application and any references to the Coaching Director c/o 140 Ice Den Please be advised that this application will be subject to review by MAHA and the Michigan State Police when applicable.