

# 2021-2022 Morris-Benson Area Youth Hockey Coach Application

Please contact or email your completed Coach Application to: Jeff DeHaan at [skdehaan@yahoo.com](mailto:skdehaan@yahoo.com)

**APPLICATIONS MUST BE RECEIVED BY 6:00PM 8/27/21**

**Note:** All applications **MUST** be properly completed and signed to be considered.

**Name:** (First, MI, Last): \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Benson** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone/Cell:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**U.S.A. Hockey Coaching card number and Season Issued:**

**Please check which level(s) you are interested in coaching:**

\_\_\_\_Mini Mite \_\_\_\_Mite \_\_\_\_Squirt B \_\_\_\_12U Girls \_\_\_\_Peewee B \_\_\_\_Bantam B \_\_\_\_Other

**Please indicate if you will have a child playing at the selected level:**

**Please identify which coaching position you are interested in:**

If Head Coach, please list up to three names of potential Assistant Coaches you would like to work with:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Coaching Experience:** (Please detail your coaching experience in all sports)

**My Coaching Philosophy:**

**Playing Experience:**

**What topics would be useful to you, as a youth coach, for us to cover in a coach's clinic?**

(Please be as specific as possible)

I certify that the above information is correct and accurate to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_