



Hamburg Hawks Hockey Association

Travel Team Coaching Application

Boys and Girls Travel Teams 2026-2027 season

Name: _____

Address: _____

Phone #s (c) _____ (w) _____ (h) _____ email: _____

Occupation: _____

If you have any children playing youth hockey what are their names and birthdates:

What team are you applying for? Note: teams listed do not guarantee a team will be created at that level.

Mite Development Leader: 2019's - Minor _____ 2018's - Major _____

Squirt Minor _____ Major _____ Mixed _____

PeeWee Minor _____ Major _____ Mixed _____

Bantam Minor _____ Major _____ Mixed _____

Midget 15's _____ 16's _____ 18's _____

Girl's 10/U _____ 12/U _____ 14/U _____ 16/U _____ 19/U _____

Previous coaching experience? _____

Plans/Goals for the next 2-3 seasons? _____

Potential Coaching Staff and manager? _____

Please attach a sheet if you feel further or more detailed information is required to accompany your application.

USA Coaching Education Level: _____ Card #: _____ Date Obtained: _____ List modules taken: _____

It is required that you undergo the NYSAHA Screening process? Are you willing to do so? Yes _____ No _____

I acknowledge that I am responsible for knowing and following the rules as set forth by USA Hockey, NYSAHA and Hamburg Hawks Hockey Association. I also agree to obtain and maintain the required coaching education requirements as set forth by USA Hockey.

Signature: _____ Date: ____/____/____ **Applications Due: Jan 20, 2026**

Please send completed applications to: Ron Filighera-phone: 716/225-6535: email: ron.filighera@verizon.net