



WOBURN YOUTH HOCKEY

2026-2027 SEASON
COACHING APPLICATION



NAME:

DATE:

ADDRESS:

MOBILE NUMBER:

EMAIL:

TEAM YOU ARE APPLYING FOR:

FIRST CHOICE		
SECOND CHOICE		
THIRD CHOICE		
	Head	Asst

Are you a patched coach?

If Yes, at what level?

Did you coach last year?

If yes, what teams/levels?

Year of coaching experience:

At what capacity and at what levels:

USA Hockey CEP#

Level & Exp. Date

Are you willing to attend coaches meetings?

Are you willing to attend/complete all coaching training requirements

NOTE: Assistant coaches are subject to approval by the Coaching Committee and the Board of Directors after team selections have been finalized.

ADDITIONAL BACKGROUND INFORMATION (coaching or playing experience)

PLEASE RETURN COMPLETED FORM TO:

Ian Hunt ianhunt10@hotmail.com

**ALL APPLICATIONS MUST BE RECEIVED BY MARCH 27, 2026
NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE**