



Iron Range Hockey Association

P.O. Box 105

Negaunee, MI 49866

www.ironrangehockey.com

TEAM COACHING APPLICATION

DATE _____ DATE OF BIRTH _____
NAME _____ PHONE _____
ADDRESS _____ ALT PHONE _____
CITY _____ EMAIL _____

TEAM DIVISION

Rank in preference order (1, 2, 3):

Learn to Skate _____ 12U Pee wee _____
8U Mites _____ 14U Bantam _____
10U Squirts _____ 18U/16U Midget _____

WHICH COACHING POSITION ARE YOU APPLYING FOR:

HEAD COACH _____ ASSISTANT COACH _____ EITHER _____

WOULD YOU LIKE TO BE AN EVALUATOR DURING THE
EVALUATIONS: YES _____ NO _____

PLEASE INDICATE USA HOCKEY ASSOCIATION CERTIFICATION:

| | ASSOCIATION | DATE |
|-------------|-------------|------|
| Level One | | |
| Level Two | | |
| Level Three | | |
| Level Four | | |

PLEASE INDICATE COACHING EXPERIENCE:

| LEVEL | HOUSE/ TRAVEL | ASSOCIATION | YEARS |
|-------|------------------|-------------|-------|
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Please indicate other coaching or related experiences that the Board should consider (attended or conducted clinics, teaching, course work, etc.):

Please describe your coaching philosophy and what you see as important goals and objectives. If you need additional sheets, please staple to application.

I certify that the answers in this application and other information submitted are true to the best of my knowledge. I realize that all information furnished by me is important and that any misrepresentation of facts shall constitute cause for dismissal regardless of when discovered by IRHA. I authorize all individuals and agencies both public and private to release information regarding me as referenced in this application to IRHA on a confidential basis.

Signature

Date

For Iron Range Hockey Use Only:

TEAM: _____

Approved By: _____ Denied By: _____ Date: _____