



MJA COACHING APPLICATION

First and Last Name DOB Phone number Email

Home Street Address City Zip Code

Desired Coaching Position: Please check all boxes that apply.

HEAD COACH: **ASSISTANT COACH:**

Squirt Major Pee Wee Minor Peewee Major Bantam Minor Bantam Major

Midget Minor Midget Major

Coaching Experience

Year	Level	League	Team	Record

USA Hockey Coaching Certification: Level _____ **Year** _____ **Date received** _____

Playing Experience

Year	Level	League	Team	Position

References

Personal	Phone Number	Coaching	Phone Number
1.		1.	
2.		2.	

Coaching Philosophy

As a MJA coach, I agree to abide by all of the rules and regulations of the USA Hockey Association, Wisconsin Amateur Hockey Association (WAHA) and the Codes of Conduct established by these organizations.

Signature of Applicant

Date

Mail with a playing/personal resume to Matt Murray-Director of Hockey P.O. Box 44116 Milwaukee, WI 53214