

GRAND TRAVERSE HOCKEY ASSOCIATION
COACHING APPLICATION
2020/21 Season

Background checks must be completed on-line at www.maha.org before September 1st, 2020.
A Copy of the receipt must be submitted to the GTHA Office by September 1st, 2020.

Please complete Coaching Application
 Email Your Application to gtha@tchockey.com and fritz.heller@nmhmhotels.com

Name: _____

FIRST
MIDDLE
LAST

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____

DAY
EVENING
CELL

E-Mail _____ Date of Birth ____/____/____

TEAM/LEVEL COACHED 2019-2020 _____

I am applying to coach (please check all that apply):

- | | | | | | | |
|-----------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------------|---|
| Mite U6: | <input type="checkbox"/> | | | | <input type="checkbox"/> Instructor | <input type="checkbox"/> On-Ice Helper |
| Mite U8: | <input type="checkbox"/> | | | | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |
| Squirt: | <input type="checkbox"/> B | <input type="checkbox"/> A | <input type="checkbox"/> AA | | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |
| Pee Wee: | <input type="checkbox"/> B | <input type="checkbox"/> A | <input type="checkbox"/> AA | | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |
| Bantam: | <input type="checkbox"/> B | <input type="checkbox"/> A | <input type="checkbox"/> AA | | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |
| Midget: | <input type="checkbox"/> B | <input type="checkbox"/> A | <input type="checkbox"/> AA | | <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach |
| Girls: | <input type="checkbox"/> U10 | <input type="checkbox"/> U12 | <input type="checkbox"/> U14 | <input type="checkbox"/> U16 | <input type="checkbox"/> U19 | <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach |

If Applying for Girls Tier Two Team Please indicate here: _____

- Are you interested in being the Mite U6 Program Coordinator: _____
 Are you interested in being the Mite U7 Program Coordinator: _____
 Are you interested in being the Mite U8 Program Coordinator: _____
 Are you interested in being the entire Mite Program Coordinator: _____
 Are you interest in being the Squirt B Program Coordinator: _____

USA Hockey Coaching Education Program certification level: _____

GRAND TRAVERSE HOCKEY ASSOCIATION
YOU MUST COMPLETE ALL LINES BELOW TO BE CONSIDERED.

Previous coaching experience:

Previous playing experience:

Coaching Experience in Other Sports Please list:

Community Leadership Experience Please List:

Briefly Describe Your Coaching Philosophy and Approach including your vision for number of players:

Concerns regarding coaching:

How do you view the role of the coach?

Please see other side

GRAND TRAVERSE HOCKEY ASSOCIATION

What unique strengths do you bring to the program?

In what areas can GTHA offer you more assistance to make coaching easier?

Please list two references:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

You must hold current certification or be eligible for current certification to coach.

If you are unsure of the requirements please review them on-line at:

www.maha.org

Anyone with youth contact is required to sign and comply with the USA Hockey Coaches Code of Conduct and complete the MAHA Background Check form and Ethics Statement prior to start of the Season.

If you have any question regarding the selection process please call the GTHA Office at 231-933-4842.

Please see other side