



Merrill Youth Hockey Coaching Application

Name:		Last	First	Middle Initial
Street Address				
City		State		Zip
Home Phone		Work Phone		Cell Phone
Email			Driver's License	
			Birthdate	

Please Check the level(s) for which you are applying

Player Level

Learn to Skate Mite Squirt Peewee Bantam

Hockey Coaching Experience: (List in order, starting with most recent)

Year	Association/Team Level	Age Level	Coaching Position	CEP #

Hockey Playing Experience: (List in order, starting with most recent)

Year	Association / Organization / Team

Non-Hockey Coaching Experience: (List in order, starting with most recent)

Year	Sport	Organization/Association	Age Group

General: State any reasons why you should be considered for coaching the team or teams for which you have applied.

Signed: _____ **Date:** _____