



# LAPEER COUNTY HOCKEY ASSOCIATION

Spring 2019 / FALL & WINTER 2019-20

## HEAD COACH'S APPLICATION

(Please Type or Print Clearly)

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

USA Hockey Coaching Level: CEP Level (1-5) \_\_\_\_\_

Number of years coaching experience? \_\_\_\_\_ Highest level coached \_\_\_\_\_ Date \_\_\_\_\_

Association you coached with last year? \_\_\_\_\_ What Division & Level \_\_\_\_\_

Have you ever been suspended by MAHA or youth organization? \_\_\_\_\_ If yes, please include explanation.

Which age-group do you wish to coach? (Circle one) 6U 8U 10U 12U 14U 16U 18U

What level do you wish to coach? (Circle One) House \_\_\_\_\_ Travel A \_\_\_\_\_ Travel AA \_\_\_\_\_

What was your prior year practice to game ratio? \_\_\_\_\_ Projected Practice/Game Ratio? \_\_\_\_\_

What is your coaching philosophy on games and practices? \_\_\_\_\_

What are your coaching strengths? \_\_\_\_\_

What are your coaching weaknesses? How do you compensate for them? \_\_\_\_\_

Please return this application with any references or resume to the address above, attention Coaching Director. Please be advised that this application will be subject to review by MAHA and the Michigan State Police. Please use back of form if additional space if needed.

\*\* Please return your completed application to the office at the Polar Palace or mail to:

Coaching Director – LCHA  
3301 Davison Rd  
Lapeer, MI 48446