

# Falmouth Youth Hockey League, Inc.

9 Technology Park Drive, East Falmouth, Massachusetts 02536, (508) 548-7080



Ronny Bowman  
Chairman, Board of Governors

John Turner  
President, F.Y.H.L.

## APPLICATION FOR COACHING POSITION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE #'S: HOME \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

1. POSITION: HEAD COACH [  ] ASSISTANT COACH [  ] NO PREFERENCE [  ]

2. USA HOCKEY PATCH LEVEL ATTAINED: **MUST BE COMPLETED**

LEVEL 1 [  ] LEVEL 2 [  ] LEVEL 3 [  ] LEVEL 4 [  ] NONE [  ]

3. LEVEL DESIRED: SQUIRT [  ] PEEWEE [  ] BANTAM [  ] MIDEGET [  ]

MITE [  ] HOUSE MITES [  ]

GIRLS U-8 [  ] GIRLS U-10 [  ] GIRLS U-12 [  ] GIRLS U-14 [  ]

4. TEAM DESIRED: 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_ NO PREF. [  ]

5. COACHING EXPERIENCE: \_\_\_\_\_

7. CHOICE OF ASSISTANT COACH: \_\_\_\_\_

**NOTE:** Mass Hockey requires all coaches agree to a background check for all criminal activities including sexual and physical abuse. This form is available through the office OR website and must be completed with application if you are applying for a coaching position.

PLEASE COMPLETE AND RETURN TO BUSINESS OFFICE OR EMAIL  
abfalmouthice@Hotmail.com , AS EARLY AS POSSIBLE.  
APPLICATION MAY BE LEFT WITH OFFICE, MAILED OR FAXED TO 508/548-7125