

Clinton Comets Youth Hockey League, Inc.
P.O. Box 312, Clinton, NY 13323-0312

Coaching Application

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ E-mail _____ :

1) Are you a Certified USA Hockey Coach? Yes ___ No ___ If yes, what level?
1-Initiation ___ 2-Associate ___ 3-Intermediate ___ 4-Advanced ___ 5-Master ___
USA Hockey Coaching Card Number: _____

(Must enclose a copy of the front and back of your coaching card when applying in order to be considered)

2) Previous Coaching Experience: _____

3) Previous Playing Experience: _____

4) What position are you interested in coaching?
Head Coach ___ Assistant Coach ___ Either ___

5) What level do you wish to coach? Indicate your 1st, 2nd, and 3rd choices.

| | |
|---------------------|----------------------|
| Girls _____ | Squirt Travel _____ |
| Midget House _____ | Squirt House _____ |
| Bantam Travel _____ | Mite A _____ |
| Bantam House _____ | Mite B _____ |
| Peewee Travel _____ | Mite C _____ |
| Peewee House _____ | Learn to Skate _____ |

6) Why would you like to coach in the Clinton Youth Hockey Association?

7) What is your coaching philosophy? _____

Mail Application & Coaching Card to: Todd Jury, 189 Utica Street, Clinton, NY 13323
Applications must be postmarked by July 31, 2008.