



COACHES APPLICATION

Name: _____

Home: _____

Address: _____

Business: _____

E-mail: _____

Team Selection: (check choice)

Rep: Novice Atom Peewee Bantam Midget Juvenile

Do you have a NCCP Certification? Yes No

If yes, what level? Chip Coach Stream Development 1 Development 2 Other _____

Do you have Speak out? Yes No

Past Coaching Experience:

Year	Team	Category	Position

What is your coaching philosophy? (attach sheet if necessary)

Drayton Minor Hockey requires that you apply each year. The Head Coach will be responsible for picking their team staff. All members of the team management are required to fill out this form, take the PRS course and provide us with a police check. All applications are subject to approval by the executive as stated in the bylaws.

Date: _____

Signature: _____

Return completed application by July 31st to:

Kevin Ottens

Kevindmhockey@gmail.com