

Fall/Winter 2020-2021 In-House Coaching Request

Name:				
Address:				
City:		_ State:	Zip:	
Home Phone:	·	Cell Phone:		_
E-mail Addres	ss:			
School Distric	t:	D.O.B/_	/	
	I am interested in	coaching the following	g level of in house	hockey:
<u>Circle One:</u>	Mite	Squirt	Peewee	Bantam/Midget
<u>Circle One:</u>	Head Coach	Assistant Coach	Goalie Coach	
My child is re	gistered to play in	this league - Yes	No	
Coaching Exp	erience:			
Playing Exper	ience:			
	e requires all coach	ch. Please enter your l es to be USA Hockey c		ce will reimburse

USA HOCKEY LEVEL 1:	Date/Location/CEP #	
USA HOCKEY LEVEL 2:	Date/Location/CEP #	
USA HOCKEY LEVEL 3:	Date/Location/CEP #	
USA HOCKEY LEVEL 4:	Date/Location/CEP #	_
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