



PO Box 23012
Amherstview, ON K7N 1Y2

2010-2011 Coaching Application

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Please select the Level and division you are applying for: (one only per application)

Rep Team Coach _____

House league Team Coach _____

Novice (7-8yrs)

Atom (9-10 yrs)

Pee Wee (11-12yrs)

Bantam (13-14 yrs)

Minor Midget (15 yrs)

Major Midget (16-17 yrs)

Coaching Certification Courses: All have to be registered with OMHA

NCCP Coach Stream NCCP Development 1 Advanced Level Speak Out

Trainer level 1 Trainer level 2

Previous Coaching Experience (starting with most recent position)

Team- Division	level	Year
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1. _____

2. _____

3. _____

References:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Support Information and Material

Please attach any information you feel is relevant to your application. Discuss any successes you may have had as a coach, your coaching philosophy, hockey background or other relevant sport experiences, as well as how you would expect to develop your team this upcoming season.

Please Mail Applications to:

**LTMHA
P.O Box 23012
Amherstview, Ontario
K7N, 1Y2**