

CENTRAL PERTH MINOR HOCKEY HEAD COACH APPLICATION FORM

Deadline for Applications JULY 31st

Submit by post to: Coaches Committee CPMH

P.O. Box 644 Milverton, ON N0K 1M0

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: (Home) _____ (Work or Cell): _____

Email: _____

TEAM SELECTION

	TEAM (IE Peewee Coed, Midget Girls)	Level(Local/Rep)
1st Choice		
2nd Choice		

COACHING CERTIFICATIONS

	Certified(yes /no)	Date of Expiry
CHIP		
COACH LEVEL		
PRS		
OTHER		

COACHING HISTORY INFORMATION

	Team/Level	Association	Position on Staff	Year
1				
2				
3				

What will be your goals for the upcoming season and how do you intend on achieving these goals?

I understand that completing a Coaching Application with Central Perth Minor Hockey does not ultimately guarantee me a coaching position with CPMH. If accepted, my coaching certification will be upgraded as needed and I will comply with Central Perth Minor Hockey's Rules of Operation Code of Conduct and all WOAA/OMHA rules and regulations. I hereby certify that the completed information is true and correct.

Signature: _____ Date: _____