

Monticello/Annandale/Maple Lake Hockey
Coaches Application Form

This form is to be completed by those who have an interest in being a volunteer coach. All information provided is confidential and will only be used as an aid in selecting the best coaches possible for our program. Please read the following information and return the completed application form as quickly as possible to the undersigned. Your information will be forwarded to the coaching selection committee.

Name: _____

Address: _____

CEP Card No. _____

Level and Cert. Date: _____

Phone Number and time of day to reach you: _____

Team level Applying for: (Circle) Initiation Squirt PeeWee
Bantam

Level of coaching applying for: (Circle) Head Assistant

Previous Coaching Experience:

Previous Hockey playing
experience: _____

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Do you have children involved in hockey? If so at what level?

The above application can be dropped at the rink drop box, scanned to
boross1@charter.net or mailed to
Stars Youth Hockey, Attention Sue Boros, PO Box 584, Monticello, MN 55362