

PETERBOROUGH MINOR HOCKEY COUNCIL



COACHING APPLICATION

NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE: _____
(residence)

PHONE: _____ EMAIL: _____
(business/cell)

This application for coaching in the Peterborough Minor Petes AAA System must be filled out completely. Attach resume including coaching experience, philosophy and expectations, with this completed application by **Friday February 20, 2010** to;

PMHC Attention: Scott Miller, President, Box 553, Peterborough, ON, K9J 6Z8

List in order of preference, the teams you are applying for:

1st choice : _____

2nd choice: _____

3rd choice: _____

Would you be interested in another position if your first team of choice
Is not available? Yes No

Is a player related to you trying out to the team you are applying for? Yes No

Do you feel your child will make the team for which you are applying? Yes No

Will you coach the team if an independent committee does not assess
your child to make the team? Yes No

Would you be interested in working with a Coach Mentor? Yes No

Are you applying on your own or as a group?

On my own

Have prearranged staff

*If you have prearranged team staff members, please list their names and positions you will be recommending them for:

Name of Staff Member	Recommended Position

Have you attended any formal upgrade / refresher courses related to hockey?

Yes

No

What is your personal opinion on the subject of equal ice time?

What, in your opinion, is a successful season?

Why do you want to coach in the Minor Petes AAA System?

List three references:

Name: _____ Address: _____

City: _____ Res. Phone: _____

Business / Cell Phone: _____ Email: _____

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