Clifton Park Youth Hockey Coaching Application

2020–2021 Season

Return this application to the ACE Coordinator at David.Dunkleberger@momentive.com

PERSONAL DATA

Name:			
Current Address:		**Daytime Phone:**	
Evening Phone:		**Mobile Phone:**	
Email Address:		**Parent Coach (Y / N):**	Yes ○ No ◉

TEAM APPLYING FOR

Team:		**Position:**	

USA HOCKEY COACHING CERTIFICATION

Coaching Card Number:		**Coaching Certification Level:**		**Year Obtained:**	
Safe Sport Certification Obtained (date)		**Age Modules Completed** 8U☐ 10U☐ 12U☐ 14U☐ 16U☐			
Background Screening Obtained (date)					

COACHING EXPERIENCE: FILL OUT BELOW OR ATTACH YOUR COACHING HISTORY (List Most Recent First)

Year	Association	Age class	Level	Position

PLEASE DESCRIBE YOUR EXPERIENCE IN HOCKEY AS A COACH AND OR PLAYER:

WHY DO YOU WANT TO COACH AT CPYHA?

WHAT DO YOU BELIEVE ARE THE MOST IMPORTANT ASPECTS OF COACHING YOUTH HOCKEY?

WHAT DO YOU BELIEVE CPYHA CAN DO COLLECTIVELY TO IMPROVE COACHING?

_____ _____

Signature Date