

Ayr Minor Hockey 2020-2021 Coach Application

NAME:	
ADDRESS:	-
CITY/TOWN:	POSTAL CODE:
PHONE: HOME:	CELL:
EMAIL:	
Team Selection:	
First Choice:	
Second Choice:	
If there choices are not available, would you accept a differen	t position: Yes 🛛 No 🖾
National Coaching Certification Program:	
Coaching Level Attained:	
Coaching Certificate Number:	
Year Certificate Attained:	
Harassment/Abuse Prevention Services Number:	
What is your Coaching philosophy (attach sheet if necess	sary):

As a coach you are required to uphold and enforce the AMHA Rules and Regulations. Will you familiarize yourself with these rules and enforce them during your tenure as coach?

Coaching Resume

Year	City / Sport / Team	Age	Team Level

Playing Resume

Year	City / Team	Level

Who would be on your proposed coaching staff?

What tournaments do you anticipate entering?

What is your proposed team budget? How do you propose to raise the necessary funds to support your budget? (attach sheet if necessary)

What are your team initiatives, goals and objectives? (attach sheet if necessary)

Are you able to attend regular coach's meetings? Yes \square No \square

Signature of Applicant _____

Applications for ALL teams must be received by September 11, 2020.

Completed applications can be submitted by:

- 1) Email at amhacoachescommittee@gmail.com
- 2) Delivered to Nick Waschenko. Please call 226-989-8105 to arrange drop off.