

2016-2017 Coach Application

| Name: | | | |
|--|---------------------------------------|--|--|
| Address: | | | |
| City/Town: Posta | Code: | | |
| Phone: (Res.) | _ | | |
| (Bus.) | _ | | |
| (Fax) | _ | | |
| Team Selection | | | |
| First Choice: | | | |
| Second Choice: | | | |
| If there choices are not available, would you ad | cept a different position: Yes 🔲 No 🔲 | | |
| National Coaching Certification Program | | | |
| Coaching Level Attained: | | | |
| Coaching Certificate Number: | | | |
| Year Certificate Attained: | | | |
| Harassment/Abuse Prevention Services Numb | er: | | |
| What is your Coaching philosophy (attach sheet if necessary) | | | |
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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?

Yes 🗌 No 🗌

Coaching Resume

| Year | City / Sport / Team | Age | Team Level |
|------|---------------------|-----|------------|
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Playing Resume

| Year | City / Team | Level |
|------|-------------|-------|
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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 □ No □

Signature of Applicant _____

Applications must be submitted by April 23rd,2016.

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.
- 3) Left in the AMHA office at the NDCC Arena

Page 2 of 2