

## 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)			

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

## **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 □ No □

Signature of Applicant \_\_\_\_\_

Applications must be submitted by April 23<sup>rd</sup>,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

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