

Yes □ No □

## 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 di	ifferent 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 r	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?

## **Coaching Resume**

Year	City / Sport / Team	Age		Team Level		
Playing Re	sume					
Year	City / Team Level					
			ı			
Who would be on your proposed coaching staff?						
				<del>-</del>		
What tourn	naments do you anticipate entering?					
What is yo	ur proposed team budget? How do you	propose to rai	se the			
necessary	funds to support your budget? (attach s	sheet if necess	ary)			
What are y	our team initiatives, goals and objective	s? (attach she	et if ne	cessary)		
Are you ab	le to attend regular coach's meetings?	Yes □ No □				
Signature	of Applicant					
•	ns for Representative teams must be rec			20		
Applications for all of teams please submit by April 18,2020.						
Application	io ioi un oi tourno piedoe oubiliit by Apri	10,2020.				

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.