

# St. Thomas Panthers Girls Hockey Association

## Head Coach Application Form 2010/2011 Season



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Please circle the division and level you are applying for:**

Novice    Atom    PeeWee    Bantam    Midget    Intermediate  
House League C    B    BB    A    AA

**2. Training: Please circle all the courses you have completed**

Prevention Services    CHIPS    Coach Level    Developmental 1    Developmental 11

**3. If you are not certified are you willing to get certified?**

Yes    or    No

**4. Why do you want to Coach for the Panthers? Have you coached before? Where?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Coaching: (minimum 2 references required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Non Coaching: (minimum 2 references required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this Application Form I hereby certify that the information I have supplied is honest and accurate. I understand that the information I have supplied is now the property of the St. Thomas Panthers Girls Hockey Association and will remain confidential

I agree and understand the above mentioned references will be contacted. I give permission to these persons to provide information about myself to the St. Thomas Panthers Girls Hockey Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Application Deadline Date March 31, 2010. Please Print a copy of this Application Form for your own records. Complete and submit to St. Thomas Panther President Shirley Simpson via email [stthomaspantherspresident@gmail.com](mailto:stthomaspantherspresident@gmail.com)*