



Coaching Application

Brainerd Amateur Hockey Association

Name: _____

Address: _____

City/Zip: _____

Phone: (Home) _____

(Work/Cell) _____

Email: _____

What level would you like to coach?

Bantam A B C Any

Peewee A B C Any

Squirt A B C Any

Mite

Ice Mite

Girls: U10 U12 U14

Head coach or Asst. Coach

Have you attended a Coaching Education Program (CEP) meeting? YES - NO

If so, What CEP Level have you obtained: 1 - 2 - 3 - 4

Date attained this level: _____ CEP number: _____

List your child(ren) & levels(s) for the next season: _____

List your coaching experiences and positions: _____

List your Hockey experiences, Training and Background: _____

Return completed application to: Jim Archibald