

USA Hockey  
Coaching Education Program

**REQUEST FOR DISTRICT TEMPORARY COACHING CARD**

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

Season: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Home

(\_\_\_\_\_) \_\_\_\_\_ Work

(\_\_\_\_\_) \_\_\_\_\_ Fax

\_\_\_\_\_ E-Mail

Association: \_\_\_\_\_ Affiliate: \_\_\_\_\_

District:  Alaska  Atlantic  Central  Massachusetts  
 Michigan  Mid-American  Minnkota  New England  
 New York  Pacific  Rocky Mountain  Southeastern

Team Level:  Mite  Squirt  Pee Wee  Bantam  Midget  High School

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

Enclosed is a check or money order for \$50.00 made payable to USA Hockey.

I understand that the USA Hockey Temporary Coaching Card expires April 30th of the current palying season. I also understand that I am eligible to apply for the Temporary Coaching Card only once during my career as a USA Hockey-registered coach, and that I must fulfill the level-specific requirements of my District/Affiliate after April 30th in order to continue coaching at the level above.

Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Association Representative: \_\_\_\_\_ Date: \_\_\_\_\_

District Coach-in-Chief: \_\_\_\_\_ Date: \_\_\_\_\_



**Please mail this form in its entirety along with a check or money order for \$50.00 to your District Coach-in-Chief (see enclosed information for address).**



**ATTENTION COACHES:**

This form must be completed (including Association Rep SIGNATURE) and sent to the address below with payment of \$50.00 (check made payable to USA Hockey). Form is considered incomplete without payment.

Mail to:

Paul Davern, RMD Coach-in-Chief  
7010 Hazelwood Lane  
Colorado Springs, CO 80918-6313  
(719) 592-0157 (Hm)

[coachdavs@comcast.net](mailto:coachdavs@comcast.net)