

Coaching Application

Kansas City Stars
Youth Hockey Association
11730 W. 135, Box #25
Overland Park, KS 66221-9395
913-851-7768

Please Print Clearly—Application to be completed by applicant ONLY

Contact Information:

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, St., Zip: _____ Cell Phone: _____
Home Email: _____ Date of Birth: _____
Work Email: _____ Drivers Lic #: _____ State: _____
Social Security #: _____

Team Information:

Position Preference: _____ Head Coach _____ Assistant Coach
Desired Division: _____ Atom _____ Mite _____ Squirt _____ Pee wee _____ Bantam _____ Midget
Desired Skill Level: _____ House, _____ Travel _____ A _____ AA
Any Day Limitations: _____

Previous Hockey Experience:

Past Hockey Coaching Experience: Head Coach: _____ (# seasons), Assistant Coach: _____ (# seasons)
Current USA Hockey Coaching Certification Level: ___ Level 1, ___ Level 2, ___ Level 3, ___ Level 4
USA HOCKEY CERTIFICATION #: _____
Other Hockey Coaching Experience: _____

Hockey Playing Experience: _____

