

<b>Salem/Swampscott "Blades" Youth Hockey Coaching Application</b>		<b>New Application (Check)</b>	
<b>2010-2011 Season</b>		<b>Renewal Application (Check)</b>	
Name (Please Print):			
Street Address:			
City, State, Zip Code			
E-Mail Address			
Telephone (Home):		Telephone (Work):	Cell Phone :
2009-2010 Team & Position with Team:		Age Group:	
Age Group (Circle One):	Mite	Squirt	Peewee Bantam Midget
Coaching Level Desired (Circle one):	Head Coach		Assistant Coach
	<b>Level</b>		<b>Year</b>
Hockey Patch Level (Circle One):	Associate		
	Intermediate		
	Advanced		
		<b>Number of Years</b>	<b>Player Age Level</b>
Prior Coaching Experience	Hockey		
Additional details regarding coaching experience:			
<b>Coaching Clinics Attended (Other than USA)</b>			
<b>Why are you interested in coaching ice hockey (Explain)?</b>			

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<b>Send this application to: S&amp;S Youth Hockey, PO Box 505, Swampscott, Ma 01907 or e-mail to <a href="mailto:bugspot@gmail.com">bugspot@gmail.com</a></b>
<b>Applicant's Signature:</b>
<b>Board Approved Team Assignment:</b>