



# SOUTHWEST EAGLES YOUTH HOCKEY ASSOCIATION

103 Lincoln Street  
Verona WI 53593

## APPLICATION TO COACH

Name		Address				
City		Zip	Email			
Telephone	Home	Work	Mobile			
Please circle the appropriate request						
Requested Position		Head Coach		Assistant Coach		
Age Level		Learn to Play	U6 X-Ice	Mite RWB	Squirt Rec	Peewee Rec
		Squirt	Peewee	Bantam	HS2	
Coaching Experience						
Playing Experience						
Other Relevant Experience						
USA CEP #		USA Hockey CEP Level:		USA Hockey CEP Expiry Date		
Coaching Philosophy						
I agree to abide by and help enforce the rules and by-laws of the Southwest Eagles Youth Hockey Association.						
Signature			Date			