

Coaching Application
Coon Rapids Youth Hockey Association

Name:	_____
Address:	_____
City/Zip:	_____
Phone:	(H) _____ (W) _____
Email:	_____

Circle the level(s) applying for:				
Mites:	A	B	C	D
Squirts:	A	B1	B2	C
PeeWee:	A	B1	B2	C
Bantam	A	B1	B2	C
Girls:	8U A B	10U A B	12U A B	14U A B
Jr Gold:	A	B		

Forward completed application to:
Jeff Ammann
1242 128th Circle NW
Coon Rapids, MN 55448

Current CEP Level:
(Circle highest level attained)

Level 1 – Initiation
Level 2 – Associate
Level 3 – Intermediate
Level 4 – Advanced
Level 5 – Master

***** MUST PROVIDE *****

Date highest CEP level
attained (format: mo/yr): _____

CEP Number (on card): _____

- 1. Describe your coaching experience:**

- 2. Describe your playing experience:**

- 3. Describe your coaching strengths:**

- 4. Describe your coaching weaknesses:**

- 5. Reasons you want to coach:**

- 6. Please indicate potential assistant coaches:**