HAWK Hockey 2015 – 2016 Hockey Season Coaching Application

Application deadline is March 31st 2015

ATTN: Mike Fountain

Walker Ice and Fitness Center

4151 Remembrance Rd. NW
Walker, MI 49534
Phone: (616) 735-6286

NAME:

ADDRESS:

HOME PHONE: CELL PHONE:

EMAIL ADDRESS:

\_\_\_\_\_\_ Interested in Head Coaching Position \_\_\_\_\_\_ Interested in Assistant Coaching Position

**What levels are you interested in Coaching:**

1.
2.
3.

**What level of coaching education program have you completed & year? What level age appropriate modules have you completed & Year?**

**Please list prior coaching /playing experience:**

**Please explain your qualifications as a leader, instructor, and organizer that make you a first-rate youth Hockey coach.**

**Please list the strengths/knowledge you have as a Hockey coach.**

**Please list three player parent references that we may contact.**

1.
2.
3.