

GREATER NY STARS HEAD COACH & ASSISTANT COACH APPLICATION FORM



- Head Coach
 Assistant Coach

Please Print All Information Clearly

Coach's Name:	_____	Age:(optional)	_____
Address:	_____	E-mail Address:	_____
City/State:	_____	Cell Phone:	_____
Zip Code:	_____	Work Phone:	_____
Home Phone:	_____	Home Phone:	_____

Do You Have Children Playing?

Child's Name	Child's Team	Date of Birth
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Child's Name	Child's Team	Date of Birth
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Check Program Preference & Level

Mite Red	<input type="checkbox"/>	Squirt AA	<input type="checkbox"/>	Bantam A	<input type="checkbox"/>	Midget Major (18U)	<input type="checkbox"/>
Mite Blue	<input type="checkbox"/>	Pee Wee A	<input type="checkbox"/>	Bantam AA	<input type="checkbox"/>		
Squirt A	<input type="checkbox"/>	Pee Wee AA	<input type="checkbox"/>	Midget Minor (16U)	<input type="checkbox"/>		

Coaching Certification (please attach a copy of your card to this application.):

Level:	_____	Date Obtained:	_____
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Coaching Experience:

Organization	Team	Position	From Date to Date
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Organization	Team	Position	From Date to Date
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Playing Experience:

Organization	Team	Position	From Date to Date
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Organization	Team	Position	From Date to Date
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Coaching References:

Name	Phone
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Name	Phone
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Authorization:

Will you allow a background check by NYSAHA Yes No

Signature	Date
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If you feel there is additional information which is relevant, please attach the information to this application.

ALL COACHES WILL BE REQUIRED TO WEAR HELMETS FOR ALL ON ICE FUNCTIONS

Please submit the form to ajmhockey@aol.com