FREMONT YOUTH HOCKEY BOOSTERS ASSOC.
COACHING
APPLICATION 2014-2015

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

The following information will give the Fremont Youth Hockey Boosters Association (FYHBA) an outline of your interest and qualifications to fill a coaching or managing position.

Years of Coaching or Managing Experience:
Head Coach _____
Asst. Coach _____
Manager _____

Last Season Coached or Managed: _____

Association Where Last Coached or Managed: _____

Level(s) & Division(s) at Which Previously Coached or Managed:
☐ Travel ☐ House
☐ Mini-Mite ☐ Mite
☐ Squirt ☐ PeeWee
☐ Bantam ☐ Midget

I am interested in being a: ☐ Head Coach ☐ Assistant Coach ☐ Manager

I am interested in coaching or managing at the following level & division:
☐ Travel ☐ House
☐ Mini-Mite ☐ Mite
☐ Squirt ☐ PeeWee
☐ Bantam ☐ Midget

Do you possess a USA Hockey Coaching Certificate: ☐ Yes ☐ No
If Yes, At What Level? _____
Last Year Certified? _____

Please indicate any additional hockey, skating experience or any other coaching or managing experience:

_____
_____
_____
_____
_____

I understand that the completion of this form does not constitute an obligation by the Association to award, or by me to accept, such a coaching or managing position, but merely indicates my interest in being considered. I also understand that the Fremont Youth Hockey Boosters Association youth hockey program will be operated under the auspices of USA Hockey and the guidelines of FYHBA with periodic clinics and association meetings requiring attendance by coaches and managers.

_____ _____
Signature: Date: