



2010 - 2011 Rep Team Coach Application

CONTACT

Name _____	Home Phone _____
Address _____	Cell Phone _____
_____	Fax _____
Email _____	

COACHING PREFERENCE

Age Group Preferred:	First Choice	_____
	Second Choice	_____
Team Preferred:	First Choice	_____
	Second Choice	_____

RECENT EXPERIENCE

Season	Team	Level/Age Group	Organization	Role

QUALIFICATIONS

Copies of Certificates attached

Clinic	Level	Year

OTHER QUALIFICATIONS, EXPERIENCE OR COMMENTS

GOALS - SHORT AND LONG TERM

REFERENCES

Copies of Reference Letters attached

Name	Relationship	Phone Number

I hereby authorize the Knights of Columbus Hockey Club to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their Coach Selection Requirements. Should I be selected, I agree to take part KC Coach Mentorship Information Sessions and to follow the Coach Mentorship Program.

At KC Hockey the Focus is not on the Outcome, The Focus is on the Process.

Applicant Signature: _____ Date: _____

Please submit to: c/o The Selection Committee
Email: kchockey@telusplanet.net
OR Mail: 13160 137 Ave, Edmonton, AB T5L 4Z6
OR Fax: 780-457-4528.
Deadline for Applications is March 30, 2010.