

# SPRING LEAGUE COACHING APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

1. I am interested in coaching in the TCIA Spring Youth program at the following level:

\_\_\_\_\_ COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ MANAGER

2. I am interested in coaching the following age group(s):

\_\_\_\_\_ Developmental \_\_\_\_\_ PeeWee

\_\_\_\_\_ Mite \_\_\_\_\_ Bantam

\_\_\_\_\_ Squirt \_\_\_\_\_ Midget

3. Coaching experience (please list where, when, and which sports): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. USA Hockey Coaching Achievement Program (check all that apply):

Date Issued ID#

Associate \_\_\_\_\_

Intermediate \_\_\_\_\_

Advance \_\_\_\_\_

Master \_\_\_\_\_

5. Please add any other comments you may have regarding your desires to be a coach for the TCIA Spring Youth Hockey League.

\_\_\_\_\_

\_\_\_\_\_

PLEASE RETURN APPLICATION ASAP TO:

THOMAS CREEK ICE ARENA  
80 LYNDON ROAD  
FAIRPORT, NY 14450  
ATTN: BILL LUKASZONAS  
OR  
DROP OFF AT THE FRONT DESK