

Clarkstown Capitals Hockey Club, Inc. Coaching Application (New Coach)

Name: _____ Age: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Phone: (H) _____ (W) _____
 Cell Phone: _____

<u>Position Choice</u>	Head Coach _____	Assistant Coach _____
<u>Level Choice</u>	Mite _____ Squirt _____	Pee Wee _____ Bantam _____ Midget _____

	Coaching Certification Level	CEP Card #	Date Issued
	_____	_____	_____
<u>Training</u>	_____	_____	_____

Would you be willing to attend local coaching clinics? Yes No
 Have you taken first aid courses? Yes No

	Last year	Position _____ Duties _____	Age/Division _____
<u>Experience</u>	2nd Last year	Position _____ Duties _____	Age/Division _____
	3 rd Last Year	Position _____ Duties _____	Age/Division _____

<u>References</u>	Name: _____	Phone # _____
	Name: _____	Phone # _____

Signature: _____ Date: _____

All selected applicants will be requested to attend an interview. In addition to this application you may submit related information which you feel may offer insight.

Please mail to: Clarkstown Capitals Hockey Club, Inc.
 P.O. Box 356
 Congers, New York 10920

For additional information contact:
 Michael Carroll at: 845-639-0855