



# Buffalo Sabres Sled Hockey

## Hockey Coach Application

Please mail your completed application to:

Buffalo Sabres Sled Hockey

PO Box 646

East Amherst, NY 14051

**Note:** *All applications must be properly completed and signed to be considered.*

Name: (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

USA Hockey Coaching card number and year issued: \_\_\_\_\_

Please circle which level(s) you are interested in coaching:

Senior                      Intermediate Blue (OSHA B)                      Intermediate Gold (OSHA C)

Junior                      No Contact Level U17                      No Contact Level Adult

Please identify which coaching position you are interested in:

\_\_\_\_\_ Head Coach      \_\_\_\_\_ Assistant Coach      \_\_\_\_\_ Team Manager      \_\_\_\_\_ Volunteer

If Head Coach, please list up to two names of potential Assistant Coaches you would like to work with:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_