



Holy Name Hockey Association  
2014-2015 Season Coaching Application

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Please indicate ( X ) the Level you wish to Coach

Instructional (Learn to Skate/Play) \_\_\_\_ Mite \_\_\_\_ Squirt \_\_\_\_ Pee wee \_\_\_\_ Bantam \_\_\_\_  
Midget \_\_\_\_

Please list your coaching Experience

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Please list your Playing Experience (Organized, High School, College) etc.

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Please list your Coaching Philosophy

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Please list Coaching Clinics( Patches ) Attended

USA Hockey Initiation Program Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Associate Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Intermediate Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_  
USA Hockey Advanced Clinic Year Attended \_\_\_\_\_ Card # \_\_\_\_\_

All Applications to be reviewed by Executive Board of Directors