



Etobicoke Hockey League Coaches Application

Name _____ Date of Birth (mm/dd/yy) ____/____/____
Address _____ Telephone Res:() _____
City _____ Bus:() _____
Postal Code _____

Details- Children Playing In The League

Child (1) Age _____ Team _____ Level _____
Child (2) Age _____ Team _____ Level _____

Team Choice: (in order of preference)

House League	All Star
Minor Novice _____	Mite _____ Atom _____
Novice _____	Tyke _____ Minor Peewee _____
Atom _____	Minor Novice _____ Peewee _____
Peewee _____	Novice _____ Minor Bantam _____
Bantam/Midget _____	Minor Atom _____ Bantam _____

National Coaches Certification Program (N.C.C.P.) Year Obtained _____
Level _____ Number _____
Are You Prepared To Enroll In Upgrading Clinics Yes _____ No _____

List Your Staff Who Will Be Prepared To Assist You

1. Assistant Coach _____ Telephone _____
N.C.C.P. # _____ Year Obtained _____ Level _____
2. Assistant Coach _____ Telephone _____
N.C.C.P. # _____ Year Obtained _____ Level _____
3. Trainer _____ Telephone _____
_____ Year Obtained _____ Level _____
4. Manager _____ Telephone _____