

Owatonna Youth Hockey Association

Coaches Application Form

2010-2011 Season

PERSONAL INFORMATION

Name: _____ Email: _____

Phone: Home _____ Work _____ Cell _____

Address: _____

COACHING POSITION REQUESTED

Head Coach Assistant Coach Either Will you have a child playing at the selected level? Yes No

Is there a particular team(s) you would like to coach this year? _____

Did you coach last season for OYHA? Yes No If yes, what team? _____

Are there any coaches you would prefer to coach with? _____

Are there any reasons you would not be able to attend the fall clinic, tryouts, practices/games, and on-ice coaching clinics during the hockey season?

Examples would be shift work, work/family travel demands, etc. _____

HOCKEY BACKGROUND

How long have you been involved with hockey (playing, coaching, refereeing or other association involvement)?

USA Hockey coaching certification level obtained: None 1 2 3 4 Certification # _____

Do you have any additional hockey training or education? _____

Have you ever been suspended or disciplined from any youth hockey program or game? Yes No

If yes, please explain: _____

COACHING CHARACTERISTICS

Briefly describe your season plan. Include your goals for the team, thoughts on rules and discipline and overall player development philosophy.

Additional comments for the Coaches Selection Committee:

If you have applied for a head coach position, you will be contacted by the Coaching Coordinator. A meeting with the Coaches Selection Committee will then be arranged.

Application deadline: Friday, July 9, 2010. Please mail or drop off completed coaching application to:

Will Fish

245 Mill St E

Owatonna, Mn 55060

Phone: 507.444.9887