Orangeville Tigers

Girls Hockey Association

**REP TEAM COACHING APPLICATION 2018-2019**

**DUE: JANUARY 26, 2018**

PLEASE PRINT

|  |
| --- |
| NAME: |
| ADDRESS: |
| CITY: |
| HOME PHONE # |
| CELL # EMAIL: |

COACHING QUALIFICATIONS

|  |
| --- |
| CERTIFICATION LEVEL: |
| SPEAKOUT: |
| CHIP PROGRAM: |
| HTCP LEVEL: |

Which age group is your 1st choice: (please circle one)

**NOVICE B ATOM B/BB PEEWEE B PEEWEE A/BB BANTAM B BANTAM BB**

**MIDGET B MIDGET A/BB SENIOR A/BB**

Which age group is your 2ND choice: (please circle one)

**NOVICE B ATOM B/BB PEEWEE B PEEWEE A/BB BANTAM B BANTAM BB**

**MIDGET B MIDGET A/BB SENIOR A/BB**

Do you have a daughter in the O.G.H.A.? YES NO

If yes, please indicate year of birth. CHILD 1 \_\_\_\_\_ CHILD 2 \_\_\_\_\_\_ CHILD 3 \_\_\_\_\_\_

Please attach a complete resume and copies of all qualifications. If accepted to coach, all members of your staff agree to provide a criminal record search by the date established.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail or drop off your application with resume at Main Reception, located in Alder Arena to the attention of:

Director of Rep

 2018/19 Rep Coaching Application

 75 First Street

Box 323

Orangeville, Ontario

L9W 5B4