

REP TEAM COACHING APPLICATION 2021-2022 DUE: JANUARY 15, 2021

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)

ATOM A/AA	ATOM B/BB	PEEWEE B	PEEWEE A/BB	BANTAM B	BANTAM BB
MIDGET B	MIDGET BB				

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

ATOM A/AA ATOM B/BB PEEWEE B PEEWEE A/BB BANTAM B BANTAM BB MIDGET B MIDGET BB

Do you have a daughter in the O.G.H.A.?YESNOIf 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 2020/21 Rep Coaching Application 75 First Street Box 323 Orangeville, Ontario L9W 5B4