Quinte West Minor Hockey
Rep Coaching Application
2017-2018 Season

## Personal Information

Name:_____

Address:_____ City:_____

Postal Code: _____ DOB: MM/DD/YYYY: _____/____/_____

Home #:_____ Cell:_____ Work#:_____

Email:_____ Occupation:_____

## Coaching Information

What team are you applying for? _____

Do you have a second choice? _____

Coaching Certification Level: _____

Your Coaching History

| Year | Team | Your Role |
|---|---|---|
| 2016-2017 | _____ | _____ |
| 2015-2016 | _____ | _____ |
| 2014-2015 | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## Your Child's Information

Complete if you will have a child on the team you are applying for.

Child's Name:_____ Birth Year:_____ Gender: M/F Postion: F/D/G

Last 2 Seasons Playing History

| Year | Team | Level (AAA,AA, A, A/E etc) |
|---|---|---|
| 2016-2017 | _____ | _____ |
| 2015-2016 | _____ | _____ |

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Instructions

Fill out application and either email to admin@quintewestminorhockey.com or place in the QWMHA secure drop box at the office door, Arena 2.

Application deadline is midnight on Tuesday January 31, 2017.

If you are not currently a QWMHA Rep Head Coach, also provide a cover letter and include:

1) A brief background on your hockey playing experience, what level and what age did you play to?
2) Your philosophy on minor hockey
3) Why are you applying for this team?
4) What would you see the team budget being?
5) Your assessment of the current team including strengths, weaknesses and anticipated number of player changes.

Interviews will take place early to mid February.

Candidates will be notified of interview times. Due to the large number of potential applicants you will be asked to make necessary arrangements to accommodate your schedule. We thank all those who apply, only those selected for an interview will be contacted.