



# Orangeville Tigers Girls Hockey Association

## REP TEAM COACHING APPLICATION 2009-2010 DUE: FEBRUARY 28<sup>TH</sup>, 2009

PLEASE PRINT

NAME:	
ADDRESS:	
CITY / TOWN:	POSTAL CODE:
HOME PHONE #:	BUSINESS PHONE #:
CELL #:	EMAIL ADDRESS:

### COACHING QUALIFICATIONS

CERTIFICATION LEVEL:	CERTIFICATION #:
PERVENTION SERVICES "SPEAK OUT" #:	

Which Age Group is your 1<sup>st</sup> Choice: (Please Circle One)

**NOVICE 'B' ATOM 'A' ATOM 'B' PEEWEE 'A' PEEWEE 'B' PEEWEE 'C' BANTAM 'A' BANTAM 'B' BANTAM 'C' MIDGET 'A' MIDGET 'B' INTERMEDIATE 'A'**

Which Age Group is your 2<sup>ND</sup> Choice: (Please Circle One)

**NOVICE 'B' ATOM 'A' ATOM 'B' PEEWEE 'A' PEEWEE 'B' PEEWEE 'C' BANTAM 'A' BANTAM 'B' BANTAM 'C' MIDGET 'A' MIDGET 'B' INTERMEDIATE 'A'**

Do you have a daughter in the O.G.H.A.? (Please Circle One) **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(s) established.

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

Please mail or drop off your application with resume at Main Reception, located in Alder Rink Red Dressing Room Area to the attention of:

**Steve Remm – Director of Rep**  
Rep Coaching Application  
75 First St. Box 323  
Orangeville, Ontario  
L9W 5B4

Office Use Only:  
Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
Date Selected: \_\_\_\_\_ Date Notified: \_\_\_\_\_