



Orangeville Tigers Girls Hockey Association

REP TEAM COACHING APPLICATION 2010-2011 DUE: FEBRUARY 8TH, 2010

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 1st Choice: (Please Circle One)

NOVICE 'rep', ATOM 'B', PEEWEE 'A', PEEWEE 'BB', PEEWEE 'C', BANTAM 'A', BANTAM 'B', MIDGET 'A'
MIDGET 'B', Midget 'C'

Which Age Group is your 2ND Choice: (Please Circle One)

NOVICE 'rep', ATOM 'B', PEEWEE 'A', PEEWEE 'BB', PEEWEE 'C', BANTAM 'A', BANTAM 'B', MIDGET 'A'
MIDGET 'B', Midget 'C'

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: _____