



# Orangeville Tigers Girls Hockey Association

## COACH APPLICATION 2009-2010 HOUSE LEAGUE TEAMS DUE: July 31, 2009

PLEASE PRINT

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

### COACHING QUALIFICATIONS

CERTIFICATION LEVEL:	CERTIFICATION #:
PREVENTION SERVICES "SPEAK OUT" #:	
CHIP PROGRAM #:	
HTCP LEVEL:	CERTIFICATION #:

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

**NOVICE ATOM PEEWEE BANTAM MIDGET**

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

**NOVICE ATOM PEEWEE BANTAM MIDGET**

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 the Front Desk at the Alder Arena to the attention of:  
Director of House League, Don Clodd

Or Mail to:      2009-10 House League Coaching Application  
75 First St. Box 323  
Orangeville, Ontario  
L9W 5B4

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