



# Lakeshore Amateur Hockey Association Fall 2017-2018 Coaching Application

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Print First Name

Print Last Name

Print Middle Initial

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Home Phone Number

Cell Phone Number

Work Number

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Email Address

Date of Birth

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Home Street Address

City & State

Zip

Desired Coaching Position (age group/level):

Would you consider being an assistant coach if not chosen to be a Head Coach? Yes \_\_\_ No \_\_\_

## Coaching Experience

Year	League	Team (age group/level)	Position

## USA Hockey Coaching Certification

Current Level	Season Received	CEP#

## Current Age Specific Modules Completed

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## Playing Experience


## Coaching References: (Please list two)

Name	Current Phone Number

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Signature of Applicant

Date (mm/dd/yyyy)

As a LAHA coach, I agree to abide by all the rules and regulations of the USA Hockey Association, Michigan Amateur Hockey Association (MAHA), Lakeshore Amateur Hockey Association (LAHA), and the Code of Conduct established by these associations. All coaches must pass safe sport and a current background check for final acceptance.