

Royals Coaching Application

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____ Cell: _____

Email: _____ Year Coaching: _____ USA Hockey Certified: Yes No

IF Yes Level and Modules Completed: _____

Requesting level to Coach: _____

Do you have a player that age if so what is their birth year: _____

Are you looking to be a Head Coach or Assistant Coach: _____

Last Team Coached: _____ Year/Season Coached: _____

Reason for Leaving: _____

Do you have your Act 15 Requirements? Yes No If Yes, Year Completed: _____

Anything that you would like us to know about you? _____

Experience: _____

Comments: _____
