

Lakeshore Amateur Hockey Association Fall 2020-2021 Coaching Application

Home Phone Number Cell Phone Number Work Number Email Address Date of Birth 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 Playing Experience Coaching References: (Please list two) Name Current Phone Number	nitial
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Signature of Applicant

Date (mm/dd/yyyy)