



**Sylvania North Stars  
Coaching Application (2023-24)**

**COACH'S NAME:** \_\_\_\_\_ **COACH'S DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**LAST TEAM COACHED (LEAGUE):** \_\_\_\_\_

**CHILD'S NAME (if applicable):** \_\_\_\_\_ **CHILD'S DOB** \_\_\_\_\_

Check one of the following:

- AAA Travel
- AA Travel
- Girls

I prefer to coach at the following level:

- 7U
- 8U
- 9U
- 10U
- 11U
- 12U
- 13U
- 14U
- 15U
- 16U

I have the following USA Hockey Coaches Level:

- 1
- 2
- 3
- 4

Please give a brief description of your hockey playing experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give a brief description of your hockey coaching experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please e-mail, fax or mail completed form to:

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(419)885-2479 fax  
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