



**Sylvania North Stars
Coaching Application (2021-22)**

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:

ATTN: Mike Mankowski
7060 Sylvania Ave.
Sylvania, Ohio 43560
(419)885-1167 x-231
(419)885-2479 fax
mmanko@sylvaniatamoshanter.com