



Millet Minor Hockey Association
 Box 146, Millet, Alberta T0C 1Z0
 Email: mmha@milletminorhockey.com Website: www.milletminorhockey.com

COACH APPLICATION FORM

-Please Print Clearly-

Season: _____

Full Legal Name: _____ Date of Birth: ____/____/____
(MM/DD/YY)

Mailing Address: _____ City/Town: _____ Postal Code: _____

Street Address/Legal Land Description must also be provided: _____

Home Phone: _____ Cell: _____ Email: _____

Coaching Position you are applying for:

Head Coach: _____ Assistant Coach: _____ Trainer: _____

Check ALL Current Coach Certification:

None - require coaching clinics: _____ Intro to Coach: _____
 Coach Level I: _____ Coach Level II or III: _____
 Respect in Sport (Speak Out): _____ Hockey Canada Safety Program: _____

Hockey Level Applying for:

Pre Novice: _____ Novice: _____ Atom: _____
 Pee wee: _____ Bantam: _____ Midget: _____

Coaching Experience:

Please list **TWO** references who can verify your coaching/hockey experience:

Name: _____ Phone Number: _____
 Name: _____ Phone Number: _____

Signature Date

***All coaches will be asked to complete a Criminal Record Check with the RCMP
 MMHA will not accept Head Coach applications without the required certification for the level you are applying
 Please submit this form to development@milletminorhockey.com**