



BRANTFORD GIRLS HOCKEY ASSOCIATION

COACH APPLICATION

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Phone: (Res) _____ (Bus) _____ Fax: _____

Please check the division and level of team in which you are applying.

First Choice: _____ Second Choice: _____

(category i.e. Novice-C, Atom-B, Atom-C, Peewee-A, Peewee-B, Bantam-AA/A, Bantam-B, Midget-AA/A, Midget-C, Intermediate-A, Senior-A., or Junior House League, Senior House League)

If these choices are not available would you accept a different position? Yes ____ No ____

Please indicate certification attained:

Type	Highest level attained	Certification number

Prevention Services Certification number (req'd):	
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Coaching Experience

Season (eg. 2006-07)	Position Held	Team / Level	Association

REFERENCES:

Please provide: (2) hockey and (1) community or professional contacts:

1. Name: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Phone (Res): _____ Bus: _____

2. Name: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Phone (Res): _____ Bus: _____

3. Name: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Phone (Res): _____ Bus: _____

I acknowledge that I must submit a police check upon my interview and I authorize the Brantford Girls Hockey Association Inc. the right to obtain any and all additional information required to check my background and coaching history. If not submitted this application will be deemed void.

I agree to adhere to the By-laws and Constitution and Rules of the Brantford Girls' Hockey Association, OWSA and Hockey Canada.

Date: _____ Signature: _____

Please submit completed application to:

BGHA
P.O. Box 28012
North Park Plaza P.O.
Brantford, ON N3R 7X5

Or, drop off at BGHA mailbox at the Gretzky Centre (yellow Rink).

FOR BGHA EXECUTIVE USE ONLY

Date Application Received: _____ Police Check Received: Y ____ N ____