

## **Tiger Team Head Coach Application**

Name		Address		
Tel: Home		Fax		
Tel: Bus		E-mail		
Coach Level		Card No	Card No	
Do you have a	a trainer certificate?	Card No		
Team Applyii	ng For:			
Please list the Hockey Asso		which you have held a positi	ion in the G.T.H.L. or other	
Year	Division	Position	HL/Select/A/AA/AAA	
Current Coacl	hes – please list your	practice and game schedul Home Games Only	e from to	
<u>Date</u>	Arena	Time	Game/Practice	

1. Name \_\_\_\_\_ Tel. \_\_\_\_ 2. Name \_\_\_\_\_ Tel. \_\_\_\_ 3. Name \_\_\_\_\_ Tel. \_\_\_\_ You will be required to sign and abide by a Code of Conduct. Would you supply a copy of your Criminal Records check to the General Manager? Do you know at this time who you would choose as your Team Manager? If so, provide the following information: Address \_\_\_\_ Name \_\_\_\_\_ Tel: Home \_\_\_\_\_ Fax E-mail Tel: Bus Manager Experience Position Year Division HL/Select/A/AA/AAA Why did you decide to apply for a coaching position with the S.T.H.C.? What do you feel is your key ability for coaching this team?

Please attach your current player/team list including phone numbers.

Please list three references from a team you last coached.

What goals will be set for the team?	
I will accept the Rules, Regulations, a Hockey Club and the Greater Toronto	and Decisions of the Streetsville Tigers O Hockey League.
Date: Applicant: _	
PP	Please Print
Signature:	

Mail or Fax your application along with a copy of your resume to:

**Mr. Frank Trachsler, General Manager** Streetsville Tigers Hockey Club P.O. Box 9, Streetsville, Ontario, L5M 2B7 Fax 905-826-4869