

# NORMAN REGIONAL MINOR HOCKEY ASSOCIATION

## TEAM NORMAN 2017 / 2018

### COACHING APPLICATION FORM

Female Bantam AAA Regional team  
(Female players born in 2003 and 2004)

(Please note the team is a Double roster program, All players must be registered on their home Association Male Rostered team.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_(RES.)

\_\_\_\_\_ (BUS.)

\_\_\_\_\_ (FAX) \_\_\_\_\_ (E-MAIL)

POSITION APPLIED FOR : \_\_\_\_\_

#### **Positions Available-**

Head Coach

Assistant Coach

Safety

Manager

PRESENT COACHING POSITION (If applicable)

TITLE \_\_\_\_\_

TEAM \_\_\_\_\_

CATEGORY \_\_\_\_\_

LEAGUE \_\_\_\_\_

NATIONAL COACHING CERTIFICATION PROGRAM

(Please fill out all areas that are applicable).

A. TECHNICAL/PRACTICAL CERTIFICATION

Coach Level (Level I) \_\_\_\_\_ Year Attained \_\_\_\_\_

Coach Level (Level II) \_\_\_\_\_ Year Attained \_\_\_\_\_

Development 1! \_\_\_\_\_ Year Attained \_\_\_\_\_

High Performance 1 \_\_\_\_\_ Year Attained \_\_\_\_\_

B. THEORY

Level I \_\_\_\_\_ Year Attained \_\_\_\_\_

Level II \_\_\_\_\_ Year Attained \_\_\_\_\_

Level III \_\_\_\_\_ Year Attained \_\_\_\_\_

INDIVIDUAL COACHING AWARDS

Year \_\_\_\_\_ Award \_\_\_\_\_

Year \_\_\_\_\_ Award \_\_\_\_\_

IDENTIFY YOUR COACHING POSITION(S), TEAM(S) AND CATEGORY(S) THAT YOU HAVE BEEN INVOLVED WITH:

POSITION	TEAM	CATEGORY
2016-17 _____		
2015-16 _____		
2014-15 _____		

LIST YOUR CONTRIBUTIONS TO NORMAN / HOCKEY MANITOBA (i.e. volunteer Hockey Manitoba Hockey Camps, Norman Camps, NCCP instructor etc....)

2016-17 \_\_\_\_\_

2015-16 \_\_\_\_\_

2014-15 \_\_\_\_\_

## REFERENCES

Please list three (3) references that would be familiar with your coaching style and over all coaching abilities.

- A. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_(RES.) \_\_\_\_\_(BUS.)
- B. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_(RES.) \_\_\_\_\_(BUS.)
- C. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_(RES.) \_\_\_\_\_(BUS.)

## BACKGROUND CHECK

**In accordance with the Hockey Canada Abuse and Harassment policies adopted by Hockey Manitoba, all provincial team coaches must be subject to a police check.**

**I agree that if I am considered for any coaching position, I would complete a police background check (at Norman Minor Hockey expense) If required.**

\_\_\_\_\_  
Applicants Signature

**APPLICATION DEADLINE IS May 1, 2017**

All applications must be completed in full and should be directed to:  
For more Information on these teams, coaching positions or application forms please contact;

Norman Regional Minor Hockey Association  
Ron LaRocque fax 204-623-7800 Email [ron.larocque@ckpi.com](mailto:ron.larocque@ckpi.com)