MINTO MINOR HOCKEY COACHING/TRAINING APPLICATION

Date:		
Name:		
Address:		
Phone:	Cell:	E-mail:
Position for Which	you applying:	
Would you be inter	rested in another position if thi	s position is not available? Yes No
-	ave a coaching/training certific	cation card? Yes No
Please list your exp	perience and other qualification	ns you may have:
Please tell us about necessary)	t your coaching objectives, phi	losophies and goals :(attach separate sheet if

If selected for this position, I agree to abide by the MMH Constitution and bylaws. I also agree to attend all required meetings whenever possible. I hereby give my consent to a criminal record search.

Print Name:	Signed:	Date:
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