

2024-2025 KC ELITE COACH APPLICATION

APPLICANT IN	NFORMATION:				
Name					
Phone					
Address					
Email					
COACHING PI	REFERENCE – P	lease indicate prefere	nce in order (eg. 1. 2	. 3):	
U11 HADP _		rease mandate presere	(-8) -	, -,.	
U13 AA					
U15 AAA					
U15AA					
U17AAA					
U16AA					
U18 AA					
RECENT EXPE	RIENCE				
Season		Team	Level/Age Group	Organization	Role
	-1				
					_
QUALIFICATION		T		Copies of	Certificate Attached
Clinic		Level			Year

OTHER QUALIFICATIONS			
GOALS – SHORT AND LONG	TERM		
REFERENCES		Copies of Ref	erence Letters Attached
Name	Relation		Phone Number
credentials, qualifications a agree to take part KC Coach aware that if I am selected,	nts of Columbus Hockey Club to co nd character in order to meet thei Mentorship Information Sessions I will be required to complete a Vo nd will be facilitated through the K	r Coach Selection Requireme and to follow the Coach Me ulnerable Sector Information	ents. Should I be selected, I ntorship Program. I am check, which is part of a
Application submission dead	dline is March 8/24.		
Applicant Signature			
Date	·····		

Applications can be submitted by Email to office@kchockey.ca