



## Coaching Application

Season applying for: \_\_\_\_\_

<b>Personal Information</b>							
Name				Date of Birth			
Address				Home Phone			
City				Cell Phone			
State		Zip		Work Phone			
USA CEP Card #				Email			
<b>Applying for</b>							
Circle HC for Head Coach or A for Assistant	LTS	House League	Mite	Squirt	Pee Wee	Bantam	Midget
	A	HC A	HC A	HC A	HC A	HC A	HC A
						Would you coach or assist a team on which you do not have a skater?	Yes   No
						Do you expect to have a player on the team applied for?	Yes   No
<b>CEP Level Information</b>							
Clinic			Date Attended		Location		
USA Hockey Initiation Program (Level I)							
USA Hockey Associate Clinic (Level II)							
USA Hockey Intermediate Clinic (Level III)							
USA Hockey Advanced Clinic (Level IV)							
USA Hockey Masters Program (Level V)							
<b>Coaching Experience</b> (describe below)							
# of seasons coached for North Stars					# of seasons coached with other organization		
<b>Playing Experience</b> (describe below)							

Please mail completed application to:  
Or place in drop box at Mount.

The Woonsocket North Stars  
Attention Hockey Director  
P.O. Box 965  
Woonsocket, RI 02895