



Lakeshore Amateur Hockey Association Coaching Application

Print First Name Print Last Name Print Middle Initial

Home Phone Number Cell Phone Number Work Number

Email Address Date of Birth

Home Street Address City & State Zip

Desired Coaching Position (age group/level):

Would you consider being an assistant coach if not chosen to be a Head Coach? Yes ___ No ___

Coaching Experience

Year	League	Team (age group/level)	Position

USA Hockey Coaching Certification

Current Level	Season Received	CEP#

Current Age Specific Modules Completed

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Playing Experience

Coaching References: (Please list two)

Name	Current Phone Number

Signature of Applicant

Date (mm/dd/yyyy)

As a LAHA coach, I agree to abide by all the rules and regulations of the USA Hockey Association, Michigan Amateur Hockey Association (MAHA), Lakeshore Amateur Hockey Association (LAHA), and the Code of Conduct established by these associations. All coaches must pass safe sport and a current background check for final acceptance.