



Tahoe Grizzlies Youth Hockey Coaching Application

2020-2021 Season

Name (Please Print):					
Street Address:					
P.O. Box					
City, State, Zip Code					
Telephone (Home):		Telephone (Cell):			
2020/2021 Team & Position (If Applicable):			Age Group:		
Age Group (Circle One):	8U	10U	12U	14U	HS
Coaching Level Desired (Circle One):	Head Coach		Assistant Coach		
	Level		Year		
	Associate				
USA Hockey Level (Circle One):	1	2	3	4	5
	Advanced				
		Number of Years	Player Age Level		
Prior Coaching Experience	in <i>Hockey</i>				
	in <i>Soccer</i>				
	in <i>Baseball</i>				
	in <i>Basketball</i>				
	in <i>Football</i>				
	in <i>Other</i>				
Additional details regarding coaching experience:					
Coaching Clinics Attended (Other than USA)					



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Why are you interested in coaching ice hockey (Explain)?

Applicant's Signature:

Hockey Director Approved Team Assignment: