

Coaching Application
Coon Rapids Youth Hockey Association

Name:	_____
Address:	_____
City/Zip:	_____
Phone:	(H) _____ (W) _____
Email:	_____

Circle the level(s) applying for:				
Mites:	A	B	C	D
Squirts:	A	B1	B2	C
PeeWee:	A	B1	B2	C
Bantam	A	B1	B2	C
Girls:	8U A B	10U A B	12U A B	14U A B
Jr Gold:	A	B		

Forward completed application to:

Jeff Ammann
1837 131st Lane NW
Coon Rapids, MN 55448

Current CEP Level:

(Circle highest level attained)

- Level 1 – Initiation
- Level 2 – Associate
- Level 3 – Intermediate
- Level 4 – Advanced
- Level 5 – Master

***** MUST PROVIDE *****

Date highest CEP level
attained (format: mo/yr): _____

CEP Number (on card): _____

1. Describe your coaching experience:

2. Describe your playing experience:

3. Describe your coaching strengths:

4. Describe your coaching weaknesses:

5. Reasons you want to coach:

6. Please indicate potential assistant coaches: