

Do you have children playing in IRTHA? If so, please indicate below:

Name _____ Date of Birth _____ Yrs. In Hockey _____

Name _____ Date of Birth _____ Yrs. In Hockey _____

Have you coached hockey before as a Head Coach or an Assistant Coach? List most recent first?

Year _____ League _____ Team _____ Head/Assistant Coach

Year _____ League _____ Team _____ Head/Assistant Coach

Year _____ League _____ Team _____ Head/Assistant Coach

Year _____ League _____ Team _____ Head/Assistant Coach

Have you played organized Hockey before? Please detail hockey experience:

Have you coached other team sports as a head or assistant coach? Please detail:

Briefly, why do you want to coach in IRTHA?

COACHING REFERENCES

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

MAIL COMPLETED FORM TO: IRTHA, PO BOX 24, CARMEL, IN 46082