

2025 Spring In-House Coaching Request

Name:				
Address:				
City:		State:	Zip:	_
City:		Cell Phone:		
School District:		D.O.B/_	/	
	I am intereste	d in coaching the followin	g level of in hous	se hockey:
Circle One:	Mite	Squirt	Peewee	Bantam/Midget
Circle One:	Head Coach	Assistant Coach	Goalie Coach	
My child is re	gistered to play	in this league - Yes	No	
Coaching Exp	erience:			
Playing Exper	ience:			
	e requires all co	coach. Please enter your l aches to be USA Hockey c		d Ice will reimburse
USA HOCKEY	LEVEL 1:	Date/Location/CEP #		
USA HOCKEY	LEVEL 2:	Date/Location/CEP #		
USA HOCKEY	LEVEL 3:	Date/Location/CEP #		
USA HOCKEY	LEVEL 4:	Date/Location/CEP #		