



Fall/Winter 2026-2027 In-House Coaching Request

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
School District: _____ D.O.B. ____/____/____

I am interested in coaching the following level of in house hockey:

Circle One: Mite Squirt Peewee Bantam/Midget

Circle One: Head Coach Assistant Coach Goalie Coach

My child is registered to play in this league - Yes No

Coaching Experience:

Playing Experience:

I am a USA Hockey certified coach. Please enter your level and date:

****Hatfield Ice requires all coaches to be USA Hockey certified. Hatfield Ice will reimburse course fees up to level 2.**

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 # _____