

Coaching Application Cold Creek Girls Hockey Association

Applicant Name					
Address					
City		Postal			
Phone		Cell			
Email					
Team Selections	S				
First Choice	Second Choice				
If these choices we	ere not available would you a	accept a different position? Yes No			
Hockey Canada Coaching Certification (please fill out applicable areas)					
Certification	Year Attained	Certification #			
CHIP					
Coach					
Developmental 1					
Developmental 2					
Intermediate					
Other					
HTCP (Trainer)					
Prevention Services					
OWHA Respect in Sport					



Coaching Application

Cold Creek Girls Hockey Association

Former Coaching Roles **Team/Association** Category **Position** Coaching Philosophy References (List 3 personal references - No relatives please) Name **Address Phone**



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Optional Informa	tion What are your team initiative	es, objectives and goals?
manager must be a a later date. (all must	st hold or be willing to attain certificatices for these for positions, please li	mittee and will be named to the team at attion prior to start of the regular season).
Coaching Staff		
Name	Position	Phone
	nation rmation that you feel may be pertine eam, additional certification training	



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Police Background Check

COLD CREEK GIRLS HOCKEY ASSOCIATION REQUIRES ALL TEAM OFFICIALS TO SUBMIT TO A POLICE BACKGROUND CHECK.

I understand that completing an application does not ultimately guarantee me a coaching position with Cold Creek Girls Hockey Association.

I hereby certify that the above information to be true and correct.

Signature	Date	
Please submit application to:		

CCGHA Head Coach headcoach@coldcreekcomets.com