



REFERENCES:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

The information on this Coaching Application is accurate to the best of my knowledge. If selected to coach, I understand and agree that that this and additional information will be presented to the NYSAHA coaches screening program. I also understand that if selected to coach, I must meet and abide by USA Hockey and NYSAHA Coaching and Coaching education requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information if needed: