

**Winchester Youth Hockey
Coaches' Application 2009-2010 Season**

Name: _____ Phone: _____
Email: _____ DOB: ____/____/____
Work Phone: _____ Cell: _____
Address: _____

How many children do you have in the WYH program? _____

What levels will they be at for the 2009-2010 season?

Learn to Play Hockey Mite Squirt Pee Wee
Bantam Midget GirlsU10 GirlsU12 GirlsU14

Youth Hockey Coaching Experience: _____

Personal Hockey Experience: _____

Other Youth Sports Coaching Experience: _____

CPR certified Yes No **First Aid course** Yes No

USA Hockey Certification Completed: Initiation Associate Intermediate Advanced Master

Date of Certification: _____

CEP Number: _____

USA Hockey Certification is required for all coaches. If you are not currently certified you will be required to achieve the appropriate level by December 31, 2009

Desired Level for the 2009-2010 season: (circle all appropriate items)

Learn to Play Hockey Mite Squirt Pee Wee
Bantam Midget GirlsU10 GirlsU12 GirlsU14
Head Coach Assistant Coach

Were you a WYH coach in the 2008-2009 season? Yes No

If so, what team and level _____

Head Coach Assistant

Return this form to:
Tom Troiano
11 Squire Road Winchester, MA. 01890

Any questions please contact:
David Hennessey or Tom Troiano