

**Sylvania Tam-O-Shanter/Sylvania North Stars
Coaching Application (2017-18)**

COACH'S NAME: _____ COACH'S DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ CELL: _____

LAST TEAM COACHED (LEAGUE): _____

CHILD'S NAME (if applicable): _____ CHILD'S DOB _____

I prefer to be a (check one of the following):

- Head Coach
- Assistant Coach
- Volunteer (circle one): Team Manager Volunteer Lockerroom Monitor

Check one of the following:

- AAA Travel
- AA Travel
- All-star
- House

I prefer to coach at the following level:

- Learn-to-Play
- Mini-mite
- Mite
- Squirt
- Pee Wee
- Bantam
- Midget

I have the following USA Hockey Coaches Level:

- 1
- 2
- 3
- 4

Please give a brief description of your hockey playing experience: _____

Please give a brief description of your hockey coaching experience: _____

Please e-mail, fax or mail completed form to:

ATTN: Mike Mankowski
7060 Sylvania Ave.
Sylvania, Ohio 43560
(419)885-1167 x-231
(419)885-2479 fax
mmanko@sylvaniatamoshanter.com