



KOHA COACHING APPLICATION

All Programs/Levels

Print legal First Name	Print legal Last Name	Middle Initial
Home Phone #	Cell Phone #	Work Phone #
Email Address		
Home Street Address	City	Zip Code

Desired Coaching Position:

First Choice:

Program: **Travel** ___ **House B** ___ **House C** ___

Age: **6U/8U** ___ **10U** ___ **12U** ___ **14U** ___ **16U** ___ **JV** ___

If applying for Travel - Level: **A**___ **AA**___ **Girls**___

Second Choice:

Program: **Travel** ___ **House B** ___ **House C** ___

Age: **6U/8U** ___ **10U** ___ **12U** ___ **14U** ___ **16U** ___ **JV** ___

If Applying for Travel - Level: **A**___ **AA**___ **Girls**___

Coaching Experience:			
Year	Level	League	Team

USA Hockey Coaching Certification	
USA Hockey CEP Level: Level 1 ___ Level 2 ___ Level 3 ___ Level 4 ___ Level 5 ___	Season Expires _____
USA Age-Specific Modules Completed: 8U ___ 10U ___ 12U ___ 14U ___ 16/18/19U ___ Goaltending ___	

Application continued on Back

Playing Experience			
Year	Level	League	Team

Personal References: List Two		
Name	Current Phone Number	Email Address

Coaching References: List Two		
Name	Current Phone Number	Email Address

Personal Development

List 3 Coaching Skill Areas you consider are your strengths:

1. _____

2. _____

3. _____

What is your personal philosophy regarding the American Development Model (ADM):

Signature of Applicant

Date

Applications can be dropped off at the KOHA office at Wings West
Or e-mailed to info@koha.com

Questions?

Call the KOHA office (269) 349-7825