

PPHC Coaching Application



CONTACT INFORMATION

Name: _____ DOB (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Email: _____

TEAM SELECTION Please indicate **TIER 2** __ or **Tier 3** __

Please rank in choice of preference (i.e. 1 being first choice, 2 second choice, etc.):

8U	HEAD ___ ASST ___	14U	HEAD ___ ASST ___
10U	HEAD ___ ASST ___	16U	HEAD ___ ASST ___
12U	HEAD ___ ASST ___	18U	HEAD ___ ASST ___

USA HOCKEY COACHING CERTIFICATION (Please fill out applicable areas)

Level	CEP Number	Year Expires

COACHING EXPERIENCE (Please list 3 most pertinent to requested positions):

Year	Association / Level	Position

If selected as a coach, I agree to abide by the rules set forth by the Palisades Predators Hockey Club, HVHL, LIAHL, and the USA Hockey Association. I commit to participating in 25% of Palisades Predators Hockey Club clinics, inclusive of Rangers LTP. I further certify that all of the information provided in this application is accurate. I understand that if I violate any of the standards set forth by the Palisades Predators Hockey Club Board of Directors, I may be subject to immediate suspension or dismissal as a coach in the Palisades Predators Hockey Club.

Applicant Signature and Date: _____

Please complete the application and return to:

PPHC President; Kenneth Caiazzo @ kencaiazzo224@gmail.com