



Littleton Hockey Association Coaching Application

Name: _____ Phone: _____ Work: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Age: _____

Applying for: Head coach: _____ Assistant Coach: _____

What team do you want to coach: 1st _____

2nd _____

Children playing at LHA: _____

What level of USA Hockey certification do you have and what year was it obtained?

Level: _____ Year: _____

Have you ever been convicted of a criminal offense? _____

Playing Experience: _____

Coaching Experience: _____

If you are new to LHA, why have you chosen this club?

If you are new to LHA, please provide the following:

Personal Reference

Name: _____

Phone: _____

Professional/Coaching Reference

Name: _____

Phone: _____

Please send completed form to Brian TenEyck, LHA HOC Director

Brian TenEyck

brian@littletonhockey.org

Office: 303.703.8085

Cell: 303.717.4329

Fax: 303.794.9665

c/o: Littleton Hockey Association

P.O. Box 2864

Littleton, CO 80161