



Coach Application

Which of our teams are you applying to coach: _____

Tyke	Atom C1	Pee Wee A	Bantam A	Midget A	Juvenile
Novice 1	Atom C2	Pee Wee C1	Bantam C1	Midget C1	
Novice 2	Atom C3	Pee Wee C2	Bantam C2	Midget C2	

For which season are you applying: _____

Your full name: _____
(Given Name) (Middle) (Surname)

Address: _____ Postal Code: _____

Phone Number (best numbers and times of day to reach you):

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Text Messages: _____

Your National Coaching Certification Program (NCCP) #: _____

You will be required to have obtained the correct Coaching Level prior to December 1st of the year in which you coach. Coaching clinics fill up quickly; see the list on BC hockey site. You also are required to have **Speakout** as soon as you start Coaching.

Your Coaching Experience in the last 4 years:

Year	Association & Level	Age Group	Position

Please provide 3 Coaching References:

Name	Phone/Email	Relation to you

I consent to the disclosure of the above information to all those who may need to evaluate my application. I also grant permission to the Surrey Female Hockey Association to obtain and review a criminal record search that I will help facilitate by adhering to the process that they have established for same.

Signature _____

Date: _____

Complete this application and email it to: coach@surreyfalcons.ca

The deadline for Coach Applications will be posted on the Surrey Falcons website > surreyfalcons.ca > Hockey Program > Coaches.