

**Meramec Hockey Club**  
**2010-2011 Season - Coaching Application**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Please circle the appropriate position(s), level(s), and division(s) requesting:**

<b><u>Position:</u></b>	<b>Head Coach</b>	<b>Assistant Coach</b>			
<b><u>Level:</u></b>	<b>H.I.P. (Learn to Play)</b>	<b>Recreational (House)</b>	<b>League (Travel)</b>		
<b><u>Division:</u></b>	<b>Mite</b>	<b>Squirt</b>	<b>Pewee</b>	<b>Bantam</b>	<b>Midget</b>

**I am only interested in coaching teams where my child(ren) is(are) placed?    Y    N**

**Coaching Experience:**

**Playing Experience:**

**Philosophy of Coaching:**

**Other:**

<b><u>Coaching Clinics Attended:</u></b>	<b>Date (MM/YY)</b>
___ USA Hockey Initiation Program Work Shop (Level 1)	_____
___ USA Hockey Associate Clinic (Level 2)	_____
___ USA Hockey Intermediate Clinic (Level 3)	_____
___ USA Hockey Advanced Clinic (Level 4)	_____

**USA Hockey Coaching Education Program ID (coaching card #):** \_\_\_\_\_

**To ensure that you are considered, all applicants must submit a copy (front and back) of your most recent USA Hockey Coaching Card, along with this application to:**

**Dave Hunnius**  
**ATTN: Meramec Hockey Club**  
**2476 Smizer Mill Estates Dr.**  
**Fenton, MO 63026**

**I authorize the Meramec Hockey Club and/or Missouri Hockey Inc. to conduct a criminal background check.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_