



BEETON ATHLETIC ASSOCIATION INC.

P.O. BOX 309, BEETON, ONTARIO, L0G 1A0

www.beetonstingers.com

COACHING APPLICATION

NAME: _____ PHONE#: _____ FAX#: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

EMAIL: _____

CELL#: _____ WORK#: _____

TEAM SELECTION (Category & Level):

Category: _____ Level: _____

Categories: Beginner, Tyke, Novice, Atom, Pee wee, Bantam, and Midget. Levels: Local League or Rep.

COACHING CERTIFICATIONS (Please fill out all applicable areas. Leaving a blank means you do not have the certification):

PRS *	Year Attained: _____	<i>* PRS is a mandatory course/certification for ALL team volunteers (Coaches, Trainers, Managers)</i>
CHIP	Year Attained: _____	
Coach Stream	Year Attained: _____	
Coach Developmental 1	Year Attained: _____	
Coach Developmental 2	Year Attained: _____	

HOCKEY VOLUNTEER EXPERIENCE:

Years:	Association (e.g. BAA):	Category/Level (e.g. Atom/LL) :	Position (e.g. Assistant Coach):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

