

**Clarkstown Capitals Hockey Club, Inc.  
Coaching Application (Returning Coach)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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Position Choice #1

Head Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Level Choice Mite \_\_\_\_\_ Pee Wee \_\_\_\_\_  
Squirt \_\_\_\_\_ Bantam \_\_\_\_\_  
Midget \_\_\_\_\_

Position Choice #2

Head Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Level Choice Mite \_\_\_\_\_ Pee Wee \_\_\_\_\_  
Squirt \_\_\_\_\_ Bantam \_\_\_\_\_  
Midget \_\_\_\_\_

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	Coaching Certification Level	CEP Card #	Date Issued
<u>Training</u>	_____	_____	_____

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<u>Experience</u>	Last year	Position	Level
		_____	_____

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to: Clarkstown Capitals Hockey Club, Inc.  
P.O. Box 356  
Congers, New York 10920

For additional information contact:  
Michael Carroll at 845-639-0855

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\*\*\*Please note: We will try to assign coaches to the position and level of their first choice but the final decision will depend on the outcome of the tryouts and the needs of the organization.