



# Crossfield Minor Hockey Association Application Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ home \_\_\_\_\_ mobile

Email: \_\_\_\_\_

Interested Position:

- \_\_\_\_\_ Coach
- \_\_\_\_\_ Assistant Coach
- \_\_\_\_\_ Team Manager

Team Division:

- \_\_\_\_\_ Initiation (2/27 League or Learn To Play)
- \_\_\_\_\_ Novice
- \_\_\_\_\_ Atom

Previous experience in requested volunteer position:

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Applicable courses/seminars you've attended:

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Hockey philosophy:

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We thank you for your interest in Crossfield Minor Hockey.