



M.O.H.A. HOCKEY CORP.

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SUMMER YOUTH HOCKEY LEAGUE

2020

COACH'S APPLICATION

CHECK ONE: COACH
 ASSISTANT COACH (with) _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL.: HOME: () - _____ BUSINESS: () - _____

CELL: () - _____ FAX: () - _____

E-MAIL: Home: _____ Work: _____

1. NIGHT TO COACH: MONDAY WEDNESDAY FRIDAY

2. PLAYER'S NAME (S) _____
& YEAR OF BIRTH: _____

3. COACHING EXPERIENCE: _____

Please return your Coach's application with your son's or daughter's application for processing. Your application will be acknowledged at the same time as the player's application.

The making up and balancing of teams and divisions is an integrated process that should be completed in the last week of April. Coaches will be provided with their team lists and any specific league rules by e-mail about one week before play starts.

We thank you in advance for all your help and cooperation. We appreciate the considerable time and effort involved in coaching our young hockey players.

SIGNATURE: _____ DATE: _____