



**CAPTIAL CENTRE PRIDE
COACHING APPLICATION
9410 DAVIS HIGHWAY
DIMONDALE, MICHIGAN 48821
(517) 319-1000**

Full Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____

I would like to coach: Travel House Age Division (Birth Year): _____

Do you have a child at this level? Yes No

Skater's Name: _____ Skaters DOB: _____

Prior Hockey Coaching Experience (Please name team and achievements):

- House Travel AAA High School Juniors

Prior Hockey Playing Experience (Please name team and achievements):

- High School Juniors College Professional

What do you think your greatest asset(s) will be as a Pride coach?

How would you describe yourself as a coach?

What area of the game do you feel you need the most help on?

Please list three (3) references:

1. Name: _____ Relationship: _____
Phone Number: _____
2. Name: _____ Relationship: _____
Phone Number: _____
3. Name: _____ Relationship: _____
Phone Number: _____

In signing, applicant agrees to abide by all USA Hockey, MAHA and CCPHA rules and by-laws

Applicant Signature

*This application must be submitted to Ron Gay by Thursday, February 15, 2007
Coaching decisions will be made public on Monday, March 5, 2007