



Pineville Youth Hockey Coaching Application

Return completed application to Nick Camp, Hockey Director, Pineville Ice House
704.889.9000 x309 nick.camp@pinevilleice.com

PERSONAL INFORMATION

Name:	Date of Birth:
Home Address:	
Cell Phone:	Day Phone:
Email:	

POSITION/TEAM

First Choice	
Second Choice	
Third Choice	

PRIOR COACHING EXPERIENCE (list most recent first)

Organization	Level/Team	Years	Contact/Phone

COACHING CERTIFICATION LEVEL

USA Hockey CEP Number	Level	Year Obtained	USA Hockey membership number

PLAYING BACKGROUND

Youth Hockey	
High School	
College	
Other	

REFERENCES (list three people not related to you)

Name	Relationship	Email Address	Phone

Please tell us why you would like to coach a youth hockey team. What are your coaching goals?

BACKGROUND CHECK (to be performed by the Pineville Ice House)

SS #	Driver's License # and State
Date performed	Result