

ETOBICOKE CANUCKS

COACHING APPLICATION

2010-11 Season

Name _____
Address _____
City _____ Postal Code _____
Phone: Home _____ Bus _____ Cell _____
Fax No _____ Email _____

Applying for the **Etoibicoke Canucks** _____ team (ie: Atom)

Number of years coached _____

Coaching Experience

Please list in reverse order: (ie: 09-10, 08-09, 07-08)

Year	Organization	Age Group	Level	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Coaching Levels

Level	Year Obtained	Location	Number
_____	_____	_____	_____
_____	_____	_____	_____

References

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

**** If carded in 2009-10, a letter from your current organization stating they will release you and any members of your coaching staff, must be brought to the interview.**

Return to: ETOBICOKE CANUCKS 23 Tealham Dr. # 27 Etobicoke, Ont. M9V 3T5	Fax : 416-740-3292 Email: elinor.gillespie@etobicokecanucks.ca
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