



DWGHA HOUSE LEAGUE COACH APPLICATION
(E-mail completed applications to juniorhl@dwgha.com)

Name: _____ Age (if under 18): _____

Address: _____ City: _____

Postal Code: _____ Phone (H): _____ (W): _____

EMAIL: _____

Please check the Division and Level of the team in which you are applying for:

Category: ___ Novice ___ Atom ___ Peewee ___ Bantam ___ Midget ___ Intermediate

Do you wish to assist: Yes ___ or No ___

Coach/Trainer Certification

Trainer Certification

Certification **Year Attained**

Trainer Level **Expiry Date**

Have you attended a Speak Out (Abuse and Harassment) Clinic: ___ No ___ Yes

If yes, Date Attended: _____ Number: _____

Coaching Experience:

Years: _____ **Association(s):** _____ **Category:** _____

Level: _____