

Coaching Experience

Provide information on two most recent seasons

Year	Level	League	Team Record
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Playing Experience

Provide information on your last or highest level of play

Year	Level	League	Team	Position
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References

Provide two personal and two coaching

Name	Current Phone Number	Personal / Coaching
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As an EGRAHA coach, I agree to abide by all of the rules and regulations of the USA Hockey Association, the Michigan Amateur Hockey Association (MAHA), the East Grand Rapids Amateur Hockey Association (EGRAHA), and the Code of Conduct established by these organizations.

Signature of Applicant

Date

All applicants must include the following:

1. Completed application
2. Copy of USA Hockey Coaching Card (front and back)
3. Cover letter including coaching philosophy

Mail to: EGRAHA

P.O. Box 310
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E. Grand Rapids, MI 49506