LEEDS MINOR HOCKEY ASSOCIATION

2023-2024 TEAM OFFICIAL APPLICATION

(Deadline for Return - July 24, 2023) Return to development@leedschargers.com

Name:		E-mail:	
Address:		Home Telephone:	
City/Town:		Work Telephone:	
Postal Code:		Cell Phone:	
Team Official Position Preference: (please check off all the positions you have interest)			
Head Coach	Asst. Coach	Trainer	Manager
Team Preference: (please check off ALL Teams you have interest)			
U9	U11	U13	U15
U18	Rep (Dev 1 required)	B	C
	<u>-</u>		
Coaching Experience: (Please list all of your experience relative to the position you are applying for)			
Cartification and/or Cradentials: (Please list all relative to the position you are applying for)			
Certification and/or Credentials: (Please list all relative to the position you are applying for)			
Philosophy: (Please st	ate your philosophy holding	n the position you are apply	ving for\
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Thank-you for your interest in a coaching position with Leeds Minor Hockey Association. You may be required to participate in an interview. Selected Team Officials will be required to complete a Criminal Record Check as part of the application screening process.