

2008/2009
Des Moines Youth Hockey Association
Coaches Application

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

ZIP:

HOME PHONE:

WORK PHONE:

E-MAIL: (required)

DATE OF BIRTH:

PREVIOUS TEAMS COACHED:

COACHES CARD NUMBER

EXPIRATION DATE:

USA Hockey Certification Level: (check one)

- IP (Initiation Program)
- Associate
- Intermediate
- Advanced
- None

Position Applying For:

- Head Coach
- Assistant Coach
- Initiation Instructor/Helper

League: 6U 8U 10U 12U 14U 18U (Circle One)

- House League
- House League Select
- Travel Team

Please turn your application in to DMYHA 5100 72nd St. Urbanale Iowa, 50322 or fax (515) 276-7300. Travel applicants need to have there applications in no later than August 25.