



B2·100 Grimea St., Guelph, ON N1H 2Y6 Phone: 519-836-4484 / Fax: 766-7671 Website: <u>www.ggha.com</u>

"The GGHA is dedicated to providing a fun environment for females to develop self-esteem and confidence through hockey, by promoting team work, a strong work ethic and athletic commitment which develops all members to be the best they can be as players, team mates and leaders for now and for the future."

GGHA Rep Team Head Coach Application

NAME:		HOME PHONE: _	
ADDRESS:		WORK PHONE:	
CITY & Postal Code: _		CELL PHONE:	
EMAIL ADDRESS:			
Please indicate the b	est way to contact you to ar	range for an interview:	
			pated team. Please indicate all levels you would preference).
DIVISION		LEVEL (AA, A, et	tc.) (optional)
NOVICE:			
ATOM:			
PEEWEE:			
BANTAM:			
MIDGET:			
INTERMEDIATE			
I have the following	Coach Certifications:		
LEVEL(S):	NU	MBER:	EXPIRY DATE:
Experience in Coach	ing (not necessarily hockey	only):	
SEASON/ Year:	POSITION HELD:	TEAM LEVEL\TYPE:	ORGANIZATION:

Please provide two references (include those who can attest to your coaching ability and/ or aptitude for coaching):

NAME:	CONTACT PHONE:	HOW DOES THIS PERSON KNOW YOU?
Do you have a daughte	er intending to try out for any rep team	for the coming season: YESNO
If "yes", for what team	:	
If 'Yes", for what team	does your daughter currently play? _	
	RE REMINDED THAT THEIR DAUGHTERS W EAM FOR WHICH THE COACH IS APPLYING	ILL BE INDEPENDENTLY ASSESSED AS TO WHETHER THEY CAN PL G, IF APPLICABLE)
consideration by the C	ny further details of experience, coachi Coach Selection Committee and for pur ude attachments, if desired.	ng philosophy, other certifications or workshops, etc. for poses of the interview.
- EMAIL to rep@ggha.	GGHA Rep Convener, Renata Deforest	
ALL APPLICATIONS W		CONVENOR FOR USE OF INDEPENDENT COACH SELECTION