



PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7
TELEPHONE 604-205-9011. FAX 604-205-9016. WEB SITE <http://www.pcaha.bc.ca>

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

COACH/MANAGER APPLICATION FORM

Applications are open for Coach, Manager, and Safety Person positions for the 2014 PCAHA Female Midget Scholarship Tournament. Six (6) Coaches and three (3) Managers will be appointed if there are 3 teams. Four (4) coaches and two (2) Managers appointed if there are two teams. Either one Safety Person for each game or one Safety Person per team will also be appointed. If you are interested in applying for one of these positions, please complete this form and forward it to **Jennifer Thornton, PCAHA Managing Director, Female Hockey, by January 31, 2014.**

Please note that any team official who has incurred a Game Misconduct, Gross Misconduct, or Match penalty during the current season is not eligible for selection.

1. Position Applying For:

Coach

Manager

Safety Person

2. Personal Information:

Name: _____

Address: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

3. Hockey Experience:

Season	Association	Division	Team	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Certification/Qualification Held:

Introduction to Coaching Year: _____ Safety Program (HSCP) Year: _____

Coach Stream Year: _____ Speak Out Program Year: _____

Developmental 1 Year: _____

Other: _____

5. Comments:

Signature: _____

Please complete and return to the PCAHA Office by January 31, 2014.



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2014 PCAHA FEMALE MIDGET SCHOLARSHIP TOURNAMENT PLAYER NOMINATION FORM

ASSOCIATION/TEAM: _____

1.	Player's Name: _____	Enclose: <input type="checkbox"/> \$50 Registration Fee
	Address: _____	
	City: _____ Postal Code: _____	
	Phone #: _____ Date of Birth: _____	
	E-mail: _____	
Playing Ability (rank 1-5): _____ (1=weak, 5=strong)		
Position: Defence <input type="checkbox"/> Forward <input type="checkbox"/> Goal <input type="checkbox"/> _____		
2.	Player's Name: _____	Enclose: <input type="checkbox"/> \$50 Registration Fee
	Address: _____	
	City: _____ Postal Code: _____	
	Phone #: _____ Date of Birth: _____	
	E-mail: _____	
Playing Ability (rank 1-5): _____ (1=weak, 5=strong)		
Position: Defence <input type="checkbox"/> Forward <input type="checkbox"/> Goal <input type="checkbox"/> _____		
3.	Player's Name: _____	Enclose: <input type="checkbox"/> \$50 Registration Fee
	Address: _____	
	City: _____ Postal Code: _____	
	Phone #: _____ Date of Birth: _____	
	E-mail: _____	
Playing Ability (rank 1-5): _____ (1=weak, 5=strong)		
Position: Defence <input type="checkbox"/> Forward <input type="checkbox"/> Goal <input type="checkbox"/> _____		
4.	Player's Name: _____	Enclose: <input type="checkbox"/> \$50 Registration Fee
	Address: _____	
	City: _____ Postal Code: _____	
	Phone #: _____ Date of Birth: _____	
	E-mail: _____	
Playing Ability (rank 1-5): _____ (1=weak, 5=strong)		
Position: Defence <input type="checkbox"/> Forward <input type="checkbox"/> Goal <input type="checkbox"/> _____		

Team Official Completing Form: _____

Phone #: _____

Please complete and return to the PCAHA Office by January 31, 2014.