



HEAD COACH BIOGRAPHY

This form must be returned at the mandatory pre season Team Packet Registration

Name: _____ Team: _____

Residence (City): _____ Home Phone: _____

Work Phone: _____ Fax: _____ e-mail: _____

Coaching Certification: _____

Hockey Playing Experience (if any): _____

Hockey Coaching Experience (if any): _____

Athletic Background (if any): _____

Non-Hockey Coaching Experience (if any): _____

Family: _____

Hobbies/Interests: _____

Why did you get involved with High School Hockey?: _____

If the season ended today, what would be the one comment you would like to hear from your players:

