



**LONG ISLAND REBELS HOCKEY ASSOCIATION
COACH APPLICATION FORM**



Head Coach

Assistant Coach

NOTE: Application can be filled out online, saved and then printed or e-mailed.....

Your Name _____ Age (optional) _____
Address _____ E-mail Address _____
City/State _____ Cell Phone _____
Zip Code _____ Home Phone _____

Do You Have Children Playing

_____ Childs Name _____ Childs Team _____ Date of Birth _____
_____ Childs Name _____ Childs Team _____ Date of Birth _____

Check Program Preference and Level

REBELS HAWKS LADY ISLANDERS
MITE SQUIRT BANTAM MIDGET 16 MIDGET 18
10U 12U 14U 16U 19U

Coaching Certification (please attach a copy of your card to this application)

Level _____ Date Obtained _____

Coaching Experience

_____ Organization _____ Team _____ Position _____ From Date to Date _____
_____ Organization _____ Team _____ Position _____ From Date to Date _____

Playing Experience

_____ Organization _____ Team _____ Position _____ From Date to Date _____
_____ Organization _____ Team _____ Position _____ From Date to Date _____

Coaching References

_____ Name _____ Phone _____ Relationship _____
_____ Name _____ Phone _____ Relationship _____

Authorization

Will you consent to a background check by the Long Island Rebels? Yes No

_____ Signature _____ Date _____

If you feel there is additional information which is relevant, please attach the information to this application.



Mail completed application to:

Long Island Rebels
PO Box 1041
Huntington NY 11743

Or e-mail care of: Rrighi@lirebels.com and Johnz@lirebels.com