

KENT MINOR HOCKEY ASSOCIATION

Development Committee Member Application

Personal Information				
Name				
Address				
City/Towr	า	Province	Postal Code	
Telephone				
	Home	Cell		
Email Address				
QUALIFICATION/CERTIFICATION	ATION INFORMATION	I		
HCR ID#		NCCP #		
OMHA Qualification				
	Level	Date Obta	ined	
OMHA RIS Certification		Criminal Record Cho		
	Date Obtained		Date Obtained	
HOCKEY BACKGROUND				
Please provide details of pre	evious coaching position	ons.		
Year:	Team:			
Position:	-			
Remarks:				
Year:	Team:			
Position:	·			
Remarks:				

April-19

DEVELOPMENT PHILOSOPHY			
Describe your philosophy regarding a	thlete and coaching develop	ment.	
REFERENCES			
Name	Home Phone	Email Address	

Please submit Applications by May 10, 2019 to:

Derek Fitzmorris, Director of Development & Education Kent Minor Hockey Association <u>devlopement@kentminorhockey.com</u>

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