



# ALLIANCE HOCKEY

## NCCP FACILITATOR APPLICATION FORM

71 Albert Street  
Stratford, Ontario N5A 3K2  
Tel (519) 273-7209  
Fax (519) 273-2114  
[www.alliancehockey.com](http://www.alliancehockey.com)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/day/year)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
(Fax) \_\_\_\_\_

NCCP Certification #'s: \_\_\_\_\_

Present Position (if applicable): Head Coach  Assistant Coach  Trainer  (Check One)

Team: \_\_\_\_\_ Association: \_\_\_\_\_

A. Hockey Experience: On a separate page please enclose a resume of your hockey experience.

B. Training Clinics or Symposiums you have attended:

1) As a participant:	Year _____	2) As an instructor:	Year _____
_____	Year _____	_____	Year _____
_____	Year _____	_____	Year _____
_____	Year _____	_____	Year _____

C. Other relevant professional development experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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D. Include the names, addresses and telephone numbers of two (2) references familiar with your coaching abilities:

1. _____ _____ _____ _____ _____	2. _____ _____ _____ _____ _____
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E. On a separate page please enclose the following:

1. Describe what you consider to be your most outstanding coaching accomplishment and why you feel that way.
2. Describe your reasons for wanting to be involved in the ALLIANCE HOCKEY Instructing Program.

Please forward completed application to:

ALLIANCE HOCKEY  
71 Albert Street  
Stratford, Ontario  
N5A 3K2  
Attn: Mgr, Development Programs

*Due to the large numbers of applications, only those people whose applications have been selected will be contacted.*

Thank you for your application!

