

**TRAINER INSTRUCTOR  
APPLICATION  
FORM**



**ALLIANCE HOCKEY**

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

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

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

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

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

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

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

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

B. Hockey Trainer certification number and Level attained:

Level: \_\_\_\_\_ Certification #: \_\_\_\_\_

C. Training Clinics or Symposiums you have attended:

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



E. On a separate page please enclose the following:

1. 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: 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!

