



SUNDRE MINOR HOCKEY
COACH MENTORSHIP / JUNIOR COACH PROGRAM

Name: _____

Phone #: _____

Parents Name: _____

Level Played: _____

Level to Junior Coach: _____

Reason to Junior Coach: (Please use blank sheet if more room is needed)

Attach two full, one hour practice plans that include which drills, skills and equipment are to be used. Junior Coaches at all times need to wear full equipment for insurance purposes.

Thank you for your applications as a Junior Coach.

