

# USA HOCKEY

## Coaching Education Program

### Request for District Temporary Coaching Card

Date \_\_\_\_\_

Current Season \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Association \_\_\_\_\_

Team Level & Name \_\_\_\_\_

District \_\_\_\_\_ Affiliate \_\_\_\_\_

Date, Level, & Locations of Clinics Attended \_\_\_\_\_

CEP Card Number \_\_\_\_\_

**Enclosed is a \_\_\_\_\_ check or \_\_\_\_\_ money order for \$ 50.00 made payable to USA Hockey**

I understand that the Temporary USA Hockey Coaching Card is only valid through May 30th of this season. I also understand that I may only apply once for a Temporary Coaching Card throughout my career as a USA Hockey coach, and that I must fulfill the necessary requirements of my District / Affiliate after May 30th of the current season. Failure to fulfill the necessary requirements results in forfeiture of all of my coaching certification.

Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_

Mail Form and Check To:

Matt Walsh – USA Hockey  
Central District Coach-in-Chief MO Hockey  
4025 Amhurst Road  
Janesville, WI 53546

Copy:

Sean Ferrell  
844 Pinetree Lane  
St. Louis, MO 63119