

# NEW ZEALAND ICE HOCKEY FEDERATION



## COACHING / MANAGERIAL APPLICATION FORM

NAME:

ADDRESS:	<input type="text"/>	PH #	<input type="text"/>
	<input type="text"/>	FAX	<input type="text"/>
	<input type="text"/>	E-MAIL	<input type="text"/>

NATIONAL TEAM APPLIED FOR: (Indicate)

POSITION APPLIED FOR: (Indicate)

SENIOR MEN	NA
U20 Team	<input type="text"/>
U18 Team	<input type="text"/>
U16 Team	NA
WOMEN	NA

HEAD COACH	<input type="text"/>
ASSISTANT COACH	<input type="text"/>
TEAM MANAGER	<input type="text"/>
ASSISTANT MANAGER	<input type="text"/>
MEDICAL OFFICER	NA

Briefly describe why you are interested in this position, and what you have to offer to the team:

<input type="text"/>

Give a brief resume of your Coaching / Managerial / Medical experience and qualifications:

<input type="text"/>

Please return this application form by the advertised date to:

**Peter Anderson (NCD)**

Phone # (64)3 680 6616  
E-Mail: [oldpucker@xtra.co.nz](mailto:oldpucker@xtra.co.nz)

Postal Address: PO Box 104,  
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Lake Tekapo,  
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