



**17<sup>th</sup> TITANS ATHLETIC  
B/C HOCKEY ALL STAR CLASSIC  
2024 COACHES APPLICATION**

MUST FILL OUT COMPLETE AND LEGIBLE

**NAME:** \_\_\_\_\_ **E MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **LOCAL ASSOCIATION:** \_\_\_\_\_

**LEVEL YOU WOULD LIKE TO COACH**

**AGE LEVEL:**      GIRLS    SQUIRT    PEEWEE    BANTAM

**TEAM LEVEL:**      B1 B2    C    U10B    U12B

**DO YOU HAVE A MN HOCKEY COACHES CARD?** \_\_\_\_\_ **CARD NUMBER:** \_\_\_\_\_

**DO YOU HAVE A CHILD/PLAYER IN THE EVENT AT THIS LEVEL?** \_\_\_\_\_

**HAVE YOU COACHED AT OUR EVENT BEFORE?** \_\_\_\_\_

**COACHES SHIRT SIZE:** \_\_\_\_\_

**ANY OTHER COACHING INFO YOU WOULD LIKE TO SHARE:**

**ALL QUESTIONS, CORRESPONCES PLEASE CONTACT:    HOCKEY@TITANSYOUTH.COM**

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