



PLEASE RETURN TO:

Division Coordinator

- SAMHA, P.O. Box 1454, Summerside, P.E.I., C1N-4K4

Name _____ Home Phone # _____

Address _____

Email _____

Preferred Position

Manager Trainer

Preferred Team Level

(Please check one, if checking more than one, list preference by number)

MALE Novice Atom PeeWee Bantam Midget
FEMALE Novice Atom PeeWee Bantam Midget

Preferred Team Division

(Please check one, if more than one, list preference by number)

AAA Team AA Team A Team

Criminal Record Check

Have you submitted an application to Summerside Police Services for Criminal Record Check ?

Yes No

If you checked **YES**, please attach a current verification of this.

To be current it must be completed in September or October, 2007.

If you checked **NO**, please make arrangements to have this process completed,

Other Questions

Can you contribute to the SAMHA in a capacity other than through coaching?

Yes No

If so, specify the areas you would choose:

Applicant's Signature

Date

