

SELECTS

HURRICANES

STORM

TORNADOS



Come see us at
 FAMILYNIGHTOUT.COM

President: Lew Sellers
 Vice President/Executive Director: Les Grauer
 Secretary/Treasurer: Dawn Rutherford
 Registrar: Rena Sullivan
 Hockey Director: Danny Lorenz

2016-2017

COACHING INFORMATION SHEET

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ PAGER: _____

EMAIL: _____

COACHING CARD NUMBER AND LEVEL: _____

COACHING CARD EXPIRE DATE: _____

SSN: _____ BIRTH DATE: _____

**PLEASE ATTACH A PHOTOCOPY OF YOUR
 COACHING CARD
 FRONT AND BACK NEEDED**

**ALL COACHES REGISTERED WITH KVHA ARE REQUIRED TO COMPLETE
 THE ABUSE/SCREENING SURVEY BACKGROUND CHECK
 SCREENING IS GOOD FOR 3 YEARS**

(Office Use Only)

Background Check: Yes or No Expire Date: _____ State Patrol Screen: Yes or No
 Copy of Coaching Card: Yes or No