



Learn to Skate Coaching Application

Full Name: _____

Age: _____ Birthdate: _____ USFSA# _____

Email Address: _____

Phone Number: _____ Home Skating Club: _____

If you are a student what is your anticipated Graduation Year? : _____

LTS Coaching Availability: (Please check all that apply):

Mondays: 5:45 pm - 7 pm Thursdays: 5:45 pm - 7 pm

Are you interested in coaching private lessons? (Please note: Cost for additional credentials may apply. Private lessons are offered on club ice on Mondays: 5 pm - 6 pm; Tuesdays: 5:30 pm - 6:30 pm; or Thursdays 5 pm - 6 pm)

Yes No Maybe

Skating Experience: (Years Skated, Highest Levels Passed (ie: Moves in the Field/Freeskate/Dance), Competition Experience, Other Relevant Qualifications/Experience:)

Job Experience: Coaching Experience; Other Relevant Job Experience _____

What type of experience do you have working with children? Did this include working with their parent(s) as well? What challenges and successes did you face?

Do you like working with a team? Why or why not? _____

What level or age group are you most interested in working with? Why do you feel this would be a good placement for you? (Not a guaranteed position)

What makes you interested in coaching with our program? _____

Completed Applications should be mailed to:

MPFSC
P.O. Box 975
Mt. Pleasant, MI 48804-0975