

DELAWARE VALLEY HOCKEY LEAGUE

COACH ADDITION

THIS FORM DOES NOT REPLACE THE MANDATORY PHONE CALL TO THE
APPROPRIATE VICE PRESIDENT

Club Name: _____

Coach Name: _____

CEP Number: _____ Accredited Level: _____

Division Assigned to: _____ Level Assigned to: _____
(Mite, Squirt, PeeWee Bantam, Midget 16, Midget 18) (AA, A or B)

Team Number (if required): _____
(1, 2 or 3)

Module Complete: Yes No Safesport Complete: Yes No

Coach Telephone Number: _____

Coach Email Address: _____

Effective Date: _____

Club Representative: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

PHONE NUMBERS:

Dave Jackson 267.767.5487
Ray Clements 215.429.1639
Joe D'Angelo 302.994.7299, 302.540.6171 (c)

This paperwork must be faxed to the appropriate Vice President prior to player being moved to the appropriate roster.

Bantam & Midget fax to Dave Jackson @ 267.347.7289, engelair@aol.com
PeeWee, Squirt, Mite fax to Ray Clements @ 267.645.0464, rbclem17@gmail.com
B American fax to Joe D'Angelo @ 302.380.3499, mooge2@aol.com