

HEAD COACH & ASSISTANT COACH APPLICATION FORM

SOFTBALL OR BASEBALL OR CHALLENGER

Head Coach

Assistant Coach

Please Print All Information Clearly

Coach's Name: _____ Date of Birth _____
Address: _____ E-mail Address: _____
City/Province: _____ Cell Phone: _____
Postal Code: _____ Work Phone: _____
Home Phone: _____ Home Phone: _____

Do You Have Children Playing? _____

Child's Name _____ Child's Team _____ Date of Birth _____

Child's Name _____ Child's Team _____ Date of Birth _____

Check Program Preference & Level

T Ball Junior Mosquito Midget
Minor Senior Pee Wee
Major Challenger Bantam

Coaching Certification (please attach a copy of your card to this application.):

Level: _____ Date Obtained: _____

Coaching Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Playing Experience:

Organization _____ Team _____ Position _____ From Date to Date _____

Organization _____ Team _____ Position _____ From Date to Date _____

Coaching References:

Name _____ Phone _____

Name _____ Phone _____

Authorization:

Signature _____ Date _____

SM&DLL
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Questions – Call
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902-736-1049 (fax)