



St. Teresa Basketball 2010/11 Coaching Application

NAME _____

ADDRESS _____

HOME # _____ CELL# _____ WORK# _____

E-MAIL ADDRESS _____

Parish Envelope # _____

Coaching Experience

Have you coached before? **YES** **NO**

CYO (Division/Year) _____ (circle one) Head or Assistant Coach

Intramural (Division/Year) _____ (circle one) Head or Assistant Coach

Additional Coaching Experience _____

Have you attended the Safe Environment Course (*required*) **YES** **NO**

If yes, when and where? _____

Applying for which team in 2010/11 _____

Are you willing to accept a team that your child is not on? **YES** **NO**

If yes, please list other team(s) you are interested in coaching _____

****Coaching Appointment is Only for One (1) Season ****

Signed _____ Date _____

Received by _____

Receipt to be signed by Board Member that application was handed or mailed to:

Signature _____ Date _____