

2017-2018 Coach Application

NAME:			
ADDRESS:			
CITY/TOWN: PHONE: HOME: EMAIL:	POSTAL CODE:		
		Team Selection:	
		First Choice:	
Second Choice: If there choices are not available, would you accept a different position: Yes			
		National Coaching Certification Program:	
Coaching Level Attained:			
Coaching Certificate Number:			
Year Certificate Attained:			
Harassment/Abuse Prevention Services Number: _			
What is your Coaching philosophy (attach sheet if necessary):			
As a coach you are required to uphold and enfo			
familiarize yourself with these rules and enforce	them during your tenure as coach?		
Yes □ No □			

Coaching Resume City / Sport / Team Team Level Year Age **Playing Resume** City / Team Year Level Who would be on your proposed coaching staff? What tournaments do you anticipate entering? What is your proposed team budget? How do you propose to raise the necessary funds to support your budget? (attach sheet if necessary) What are your team initiatives, goals and objectives? (attach sheet if necessary)

Are you able to attend regular coach's meetings? Yes $\ \square$ No $\ \square$

Signature of Applicant _____

Completed applications can be submitted by:

1) Email at amhacoachescommittee@gmail.com

ALL Applications must be received by February 28th,2017.

2) Delivered to Nick Waschenko. Please call 226-989-8105 to arrange drop off.

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