



Coquitlam Minor Lacrosse Association Coaching Application

Name:		Phone:	
Address:		Postal Code:	
Email:		Age	

Indicate the team you are applying to coach:

Midget A1	<input type="checkbox"/>	PeeWee B	<input type="checkbox"/>
Midget A2	<input type="checkbox"/>	PeeWee C	<input type="checkbox"/>
Midget B	<input type="checkbox"/>	Novice Advanced	<input type="checkbox"/>
Bantam A1	<input type="checkbox"/>	Novice Intermediate	<input type="checkbox"/>
Bantam A2	<input type="checkbox"/>	Novice House	<input type="checkbox"/>
Bantam B	<input type="checkbox"/>	Tyke	<input type="checkbox"/>
Bantam C	<input type="checkbox"/>	Mini Tyke	<input type="checkbox"/>
PeeWee A1	<input type="checkbox"/>	Girls	<input type="checkbox"/>
PeeWee A2	<input type="checkbox"/>		<input type="checkbox"/>

Indicate coaching position:

Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>
Manager	<input type="checkbox"/>		<input type="checkbox"/>

Indicate name(s) of head coach or assistant coach you wish to work with:

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Indicate N.C.C.P Levels that you have completed:

Technical 1	<input type="checkbox"/>	Technical 2	<input type="checkbox"/>
Theory 1	<input type="checkbox"/>	Theory 2	<input type="checkbox"/>
Practical 1	<input type="checkbox"/>	Practical 2	<input type="checkbox"/>

N.C.C.P.#	
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Last team coached: _____

Do you anticipate having a son/daughter on the team you are applying to coach?

Yes / No

If yes, will you coach the team only if your son/daughter is on the team?

Please use back of the form for any additional information or comments that you feel are relevant.