

ST. ATHANASIUS HORNETS
Application for Coaching

Name: _____ Date: _____

Address: _____ Parish: _____

Zip Code _____ Phone Number _____ Cell: _____

What sport would you like to coach? _____

Experience **PLAYING** - Grade School _____ High School _____ College _____
Other: _____

Experience **COACHING** - What Grade or Age _____ Where: _____
What Grade or Age _____ Where: _____

Other: _____

Assignment Preference:

Girls _____ Boys _____ **OR** Either _____

Grade: - Any _____ 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

Skill level Preferred: - Any _____ A , B , C , D **OR** Only the team my child is on.

Second Choice: - Any _____ A , B , C , D **OR** Only the team my child is on.

Circle One: - Head Coach , Assistant **OR** Either

Are you willing to have other coaches assigned to be your assistant coach: Yes or No
If No please explain _____

If you are a coach what day or days fits your schedule. Monday through Friday
If you are a coach what time fits best for you to practice. 3:30 – 9:30pm

All that applies: Time for practice

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Example:
Monday NO
Tuesday after 5:00
Wednesday after 6:00
Thursday after 3:30
Friday before 8:00

Signature