



8347 Sail Circle
Pasadena MD 21122

COACHES APPLICATION

Please print clearly

Name: _____

Address: _____ Phone _____

Numbers. Home _____ Work _____ Cell _____ Email _____

Address: _____ Shirt Size _____ Position(s) _____

requested: please circle choice(s) Boys-Anklebiters, Clinic, PeeWees, Middies, Juniors Girls-Sticklets, PeeWees, Middies, Juniors Please list coaching experience:

Please rank your practice night preference – PRACTICE NIGHTS ARE NOT GUARANTEED. ____

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Please rank your practice time preference -PRACTICE TIMES ARE NOT GUARANTEED. ____

6:00 PM ____ 7:30 PM

AS MANDATED BY THE COUNTY, ALL COACHES MUST SUBMIT TO A BACKGROUND CHECK AND MUST BE CERTIFIED

If you have already undergone a background check, the date of the check was _____ If you are already certified, your county certification number is _____

If you need to undergo a background check, the county's form is available at the county's website at www.aacounty.org/RecParks/background/index.cfm. Please complete and mail to the address on the form.

If you are selected to coach a team and need to be certified, you will be contacted with the date and time of the next certification meeting.

I am interested in acting as the coaches' representative for my age group: Yes No (please circle one)

Date: _____ Signature: _____