



REPRESENTATIVE TEAMS COACHING APPLICATION FORM

Date: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Home Phone No.: _____ Work Phone No.: _____

Desired Position: Head Coach Assistant Coach
Trainer Manager

Desired Gender Division: Boys Girls

Desired Division: A B C

Desired Level: Tyke Novice Peewee Bantam Midget

Are you presently a qualified Trainer? Yes No

NCCP (National Coaching Certification Program) Information:

Indicate level attained: Theory 1 2 3
Technical 1 2 3 4 5
Practical 1 2 3

I am prepared to take courses to upgrade my NCCP level: Yes No

NCCP # CC _____

Field Lacrosse: Are you interested in coaching Field Lacrosse in addition to or separately from Box Lacrosse? Yes No
Are you a certified Field Lacrosse Coach? Yes No

Representative Level Coaching Experience: No. of Years _____

Last Team: Association: _____ Age Level: _____
Position: _____ Year: _____
Team Level: A B C D

PLEASE INSURE THAT THIS APPLICATION FORM IS COMPLETED IN FULL AND THAT ALL PERTINENT INFORMATION DEALING WITH YOUR QUALIFICATIONS IS INCLUDED.

Return application form ***before January 17th, 2006***

By Mail:

**Peterborough Minor Lacrosse Association,
P.O. Box 155, Peterborough, ON L1N 5S1**

By Email:

shynes@cogeco.ca