



P.O. Box 114  
Hicksville, New York 11802-0114

## COACHING APPLICATION

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred form of contact: \_\_\_\_\_

### LICENSE:

Designation:      A( )      B( )      C( )      D( )      E( )  
Level:      National( )      State( )      League( )  
Date License Granted: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EXPERIENCE:

<u>Level</u>	<u>Played</u>	<u>No. Years</u>	<u>Coached</u>	<u>No. Years</u>
Youth	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Professional	_____	_____	_____	_____

### Team Volunteering for:

Choice 1      BOYS/GIRLS      AGE  
\_\_\_\_\_

Additional Playing, Coaching or Training Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. TRAVEL COACHES: Mandatory "C" license as of appointment date or within two playing seasons (Fall and Spring) of initial appointment. Otherwise coaching application for next season will be denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_