

QUEEN CITY MINOR BOX LACROSSE



COACHING APPLICATION FORM

SECTION 1: CONTACT INFORMATION

Name of Applicant: _____
(Given Name) (Middle Name) (Surname)

Address: _____

Postal Code: _____ Birth Date: _____

Telephone: (Home) _____ (Work) _____

E-mail Address: _____

SECTION 2: TEAM APPLICATION

Preferred Coaching Assignment: Head Coach ___ Assistant Coach ___
Tyke ___
Novice ___
Peewee ___
Bantam ___
Midget ___

Would you be willing to coach a team that you did NOT apply for? Yes ___ No ___

SECTION 3: EXPERIENCE AND QUALIFICATIONS

Do you have a National Coaching Certification Program (NCCP) Coach Level? Yes ___ No ___

Year Obtained: _____ Certification Number: _____

Lacrosse Coaching Experience (list in order, starting with the most recent).

Year	Association and Team Name	Age Group	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are not certified at the required level, are you available to take a weekend course(s) to attain the required level? Yes ___ or No ___

Please note that a criminal record check must be completed prior to season.

Please send completed application via **email** to: **QCMBL Coaching Director or League President**

Please send completed application via mail to: **Queen City Minor Box Lacrosse
P.O. Box 27052, 420 Albert Street
Regina, Saskatchewan S4R 8R8
Attention: Coaching Application**