

AUGUSTA PARKS AND RECREATION DEPARTMENT

COACH'S APPLICATION

LEAGUE APPLYING FOR: _____ YEAR: _____

NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: (H) _____ (W) _____ (C) _____ EMAIL: _____

SPECIFY WHICH SPORT IS YOUR INTEREST

BASEBALL _____ SOFTBALL _____ SOCCER _____

FOOTBALL(FLAG) _____ FOOTBALL(TACKLE) _____

BASKETBALL _____ CHEERLEADING _____

WHAT AGE GROUP ARE YOU INTEREST IN?: _____

DO YOU HAVE A SON/DAUGHTER PARTICIPATING?: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYMENT: _____ PHONE: _____

MAY WE CONTACT YOUR EMPLOYER IF NECESSARY FOR REFERENCE? YES NO

MAY WE CONTACT YOU AT WORK IF NEEDED? YES NO

LIST ALL PAST COACHING EXPERIENCES: _____

PLEASE LIST THREE (3) REFERENCES:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

I understand that this application is for one (1) sport and one (1) season and the Augusta Parks and Recreation Department programs have certain rules, regulation and stipulations that are for the good of the entire program that must be followed. By signing this form, it is my intention to abide by these policies.

SIGNATURE

DATE

DEPARTMENTAL APPROVAL

DATE