

**TEWKSBURY GIRLS BASKETBALL
COACHING APPLICATION**

NAME: _____

ADDRESS: _____

PHONE # HOME _____ WORK _____

EMAIL Address _____

POSITION APPLIED FOR: HEAD COACH: _____ ASST. COACH: _____

HAVE YOU COACHED IN THE LEAGUE? _____ (Y/N)

NAME OF TEAM: _____ YEAR(S) _____

PREFERRED DIVISION: JR _____ INT _____ SR _____

PREFERRED TEAM: _____

COMMENTS: _____

FIRST TIME CANDIDATES ONLY

DIVISION PREFERRED: JR _____ INT _____ SR _____

COACHING EXPERIENCE: _____

REASON FOR APPLYING: _____

DO YOU HAVE A DAUGHTER IN LEAGUE?? _____ TEAM: _____

APPROVED: YES _____ NO _____ INITIALS _____ DATE _____

ASSIGNED TEAM: _____