 **COACHING APPLICATION**

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| **FIRST NAME:** |  | **LAST NAME:** |  |
| **NCCP #:** |  | **COACHING LEVEL:** |  |
| **ASSOCIATION:** |  |
| **ADDRESS:** |  |
| **EMAIL ADDRESS:** |  |
| **PHONE NUMBER:** |  | **CELL NUMBER:** |  |
| **APPLYING FOR DIVISION:** |  | **DIVISION:** |  |

**HAVE YOU COACHED A BOX LACROSSE TEAM BEFORE? WHICH TEAM/TEAMS AND HOW MANY YEARS:**

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| **Team** | **Years Coached** |
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**TOTAL NUMBER OF YEARS COACHED \_\_\_\_\_\_\_\_\_\_. PLEASE OUTLINE BELOW.**

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| **TEAM** | **AGE** | **ORGANIZATION** | **YEARS COACHED** |
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**Please provide us with your coaching philosophy**

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| **COACHES NAME (PRINT)** | **COACHES SIGNATURE** | **DATE** |

**Please email this back to you division coordinator for collection or to** **saskatoonboxlacrosse@sasktel.net** **; the applications will then go to the coaching review committee for review. Coaches that have been successful in their application will be contacted. Unsuccessful applicants will be sent an email notifying them of the committee’s decision.**