

South Saskatchewan A League COACHING APPLICATION 2024

NAME: _____

EMAIL: _____

CONTACT NUMBER: _____

COACHING CERTIFICATION NUMBER: _____

DIVISION BEING APPLIED FOR: _____

POSITION BEING APPLIED FOR: _____

COACHING CERTIFICATIONS: _____

IN ADDITION, PLEASE FILL OUT BELOW A BRIEF SUMMARY OF THE FOLLOWING:

- YOUR COACHING EXPERIENCE IN LACROSSE
- THE COACHING PHILOSOPHY YOU USE TO COACH A TEAM
- COACHING EXPERIENCE OUTSIDE OF LACROSSE.
- PROVIDE AN EXAMPLE WHEN YOU WERE PLACED IN A DIFFICULT POSITION AS A COACH AND YOU IMPLEMENTED A POSITIVE SOLUTION TO RECTIFY THE CONCERN.

EMAIL THE COMPLETED FORM AND ATTACHED SUMMARIES TO ssllcoaching@gmail.com



