

## Camrose Softball Association Coaching Application Form



Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age group applying for (check all that apply): U7    U9    U11    U13    U15    U17    U19

Coaching Position Applying For (Head/Assist): \_\_\_\_\_

### *Selection Criteria*

Coaching Qualifications (softball and/or other sports)

---

---

---

Previous Coaching Experience

---

---

---

Background qualifications

---

---

---



## ***References***

Please provide the names and contact information for two references.

*(Not necessary if you have coached in the CSA Organization in previous seasons)*

Coaching Reference #1: Name/phone number/email

---

Coaching Reference #2: Name/phone number/email

---

Additional Information

---

---

---

**Please email completed forms to:**

**[coaching@camrosesoftball.ca](mailto:coaching@camrosesoftball.ca)**

\*For questions about the coach selection process please refer to the Coaches section in the CSA Policies and Procedures found at [www.camrosesoftball.ca](http://www.camrosesoftball.ca)