

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

*For questions about the coach selection process please refer to the Coaches section in the CSA Policies and Procedures found at www.camrosesoftball.ca