



# GRYPHONS LACROSSE CLUB COACHING APPLICATION



<b>Name:</b>	<b>Email:</b>
<b>Address:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>
<b>Position:</b>  <input type="checkbox"/> HEAD COACH  <input type="checkbox"/> ASSISTANT COACH	<b>Coaching Request:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOX <input type="checkbox"/> FIELD <input type="checkbox"/> SIXES
<b>Division:</b> <input type="checkbox"/> U7 <input type="checkbox"/> U9 <input type="checkbox"/> U11 <input type="checkbox"/> U13 <input type="checkbox"/> U15 <input type="checkbox"/> U17 <input type="checkbox"/> JR <input type="checkbox"/> SR	
<b>Do you wish to coach if you do not have a child at the level?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Current Qualifications:</b> <input type="checkbox"/> Community Initiation <input type="checkbox"/> Competition Introduction	<b>NCCP #:</b> <input type="checkbox"/> Community Development <input type="checkbox"/> Competition Development
<b>Other Coaching Certifications:</b>	
<b>Lacrosse Coaching Experience:</b> (include season year, division, level and brief description of outcomes)	

**Other Coaching Experience:**

**Coaching References:**

**Coaching Philosophy:**

**Signature:**

**Date:**

**PLEASE RETURN COMPLETED APPLICATION FORM TO:**  
GRYPHONS LACROSSE CLUB  
[COACHING@GRYPHONSLACROSSE.COM](mailto:COACHING@GRYPHONSLACROSSE.COM)