



MOOSE JAW MUSTANGS LACROSSE
COACHING APPLICATION



NAME: _____

EMAIL: _____

CONTACT NUMBER: _____

COACHING CERTIFICATION NUMBER: _____

(if you don't have a certification number but want to take the coaching training please make reference to that, so we know if we need to set up coaching clinics for those interested)

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

coachdirector@moosejawmustangslacrosse.ca