

North Edmonton Wizards Lacrosse Club

COACHING APPLICATION FORM

Name:	Email:
Address:	Home Phone:
	Cell Phone:
Position: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach	Coaching Request Level: <input type="checkbox"/> A <input type="checkbox"/> B/C Parody <input type="checkbox"/> Female
Division: <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 16U <input type="checkbox"/> Female	
Do you wish to coach if you do not have a child at the level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Qualifications: <input type="checkbox"/> Community Initiation <input type="checkbox"/> Community Development <input type="checkbox"/> Competitive Intro	NCCP#
Other Coaching Certifications: 	
Lacrosse Coaching Experience: (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:
Eric Patterson, Coaching Director, North Edmonton Wizards Lacrosse Club
coaching@wizardslacrosse.ca