

# North Edmonton Wizards 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"/> Coach <input type="checkbox"/> Assistant Coach	<b>Coaching Request Level:</b>  <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Female
<b>Division:</b> <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	
<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"/> Community Development <input type="checkbox"/> Competitive Introduction	<b>NCCP #:</b>
<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:**  
**Jon McDonald, Coaching Director, North Edmonton Wizards Lacrosse Club**  
[coaching@wizardslacrosse.ca](mailto:coaching@wizardslacrosse.ca)