

LANGFORD FASTBALL
2012
COACH'S APPLICATION

Name: _____

Address: _____

Phone Number: Home: _____ Cell: _____ Email: _____

Softball B.C. Membership Number: _____ (application available at registration)

National Coaching Certification Program (NCCP) qualifications: (clinics are available)

Certificate Number: _____

Requested coaching gender category: Girls: ____ Boys: ____

Requested coaching level: A ____ B ____ C ____

Are you applying for Head Coach ____ Assistant ____

Requested coaching category: Learn to Play 1 _____ Learn to Play 2 _____
Mites _____ Squirts _____
Pewee _____ Bantam _____
Midget _____

If you are not picked as the head coach are you willing to assist the team? Yes ____ No ____

Volunteer to help at Winter Gym Clinics? Yes _____
No _____

Previous Softball Coaching Experience:

Suggestions and Ideas?

By signing below, you have acknowledged that by coaching a team and if applicable by representing the team at the District Playoffs and with the Opportunity to move onto a B.C. Championship, that the team will represent Langford at such events

Signature: _____ Date: _____

Return to: Langford Minor Fastball Association c/o

Lucio Genzale	Ian Turner
619 Southwood Dr.	1088 Walfred Rd.
V9B 6R9	V9C 4J2