

**LANGFORD FASTBALL**  
**2010**  
**COACH'S APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ 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 \_\_\_\_

Previous Softball Coaching Experience:

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Coaching Values and Philosophy:

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Suggestions and Ideas?

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Volunteer to help at Winter Gym Clinics?

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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 Al Beasley  
990 Preston Way, Langford, B.C. V9B 3B9

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